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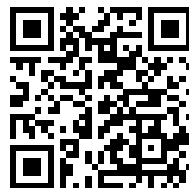
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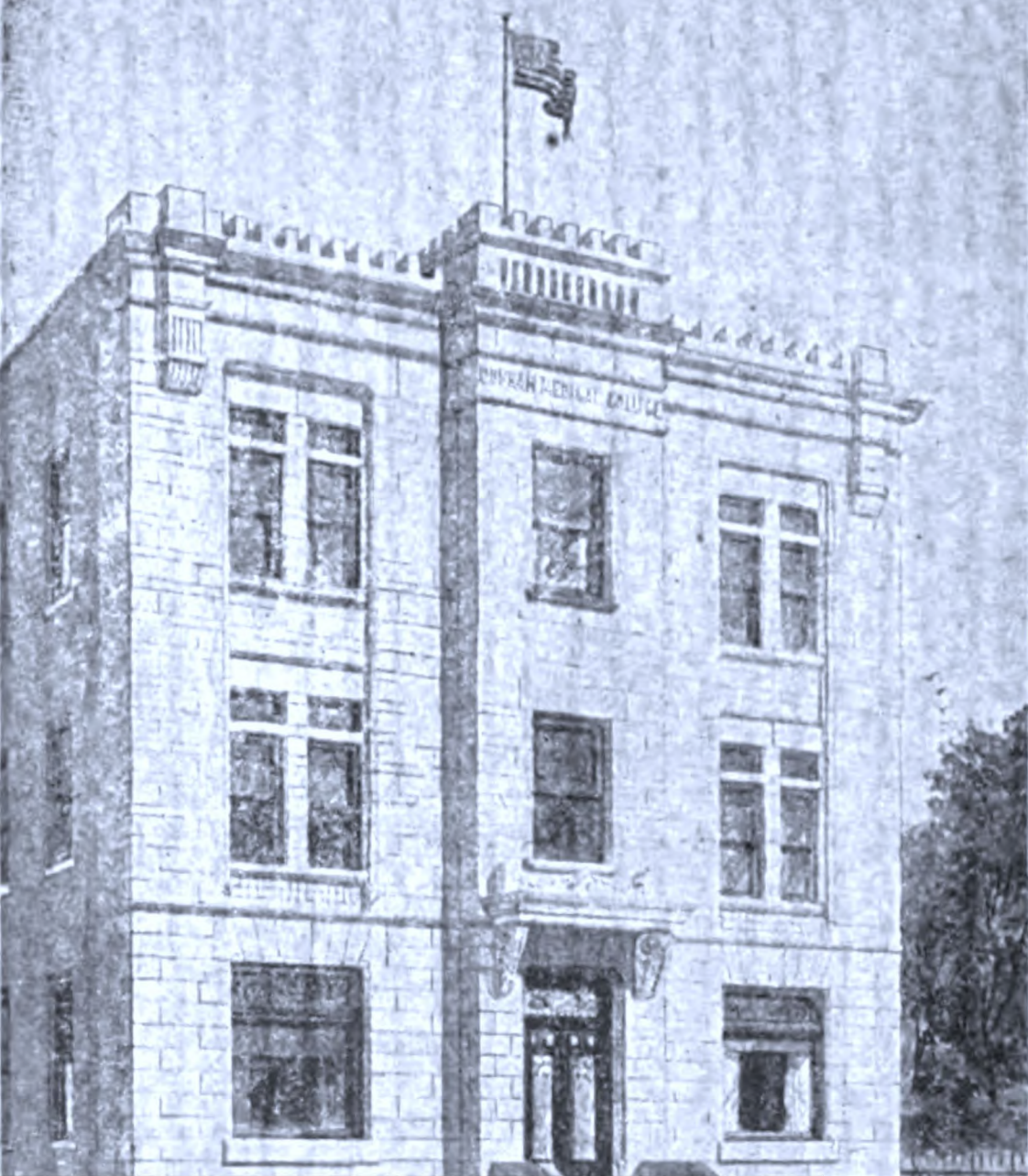
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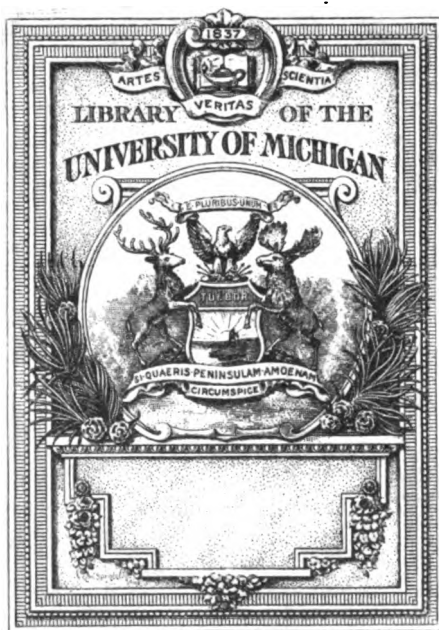
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Materia Medica.

ANALYTICAL STUDY OF NUX VOMICA

EDWARD FORNIAS, M. D., PHILADELPHIA.

Nervous System.

1. **Nervous Centers:**—Like *Ipecac*, this drug acts powerfully on the *thermic centres*, disturbing the physiological balance, which necessarily must exist between the production and expenditure of heat, and giving rise to *febrile paroxysms* of various kinds, but principally: 1) **Intermittent** of the *quotidian, tertian, or anticipatory type*, usually occurring in the morning, less frequently in the afternoon, and rarely in the evening, always of irregular evolutions, and chiefly composed of *chill, with partial heat, followed by sweat: or of heat, preceded, followed, or mingled with chill; or of sweat, then chill, then sweat again.* 2) **Simple continued fever**, with *congestion of blood to the heart, frantic headache, pain in the loins, constipation, and gastro-mucous or bilious trouble.* Usual constipations of the *intermittent paroxysm*, are; **before the chill**, *stretching and yawning, followed by drawing in the limbs;*—**during the chill**, *desire for beer, aching and paralytic weakness of the limbs, backache, blueness of the hands and nails, rush of blood to the head, and great coldness, with shivering and contraction of the skin, relieved neither by the warmth of the stove, nor by the bedclothes;*—**during the heat**, *vertigo, headache, thirst, nausea, vomiting, and chilliness on the least motion or uncovering;*—**during the sweat**, which is usually light, there is a *relief of the pains, or bruised feeling in the part laid upon, and as during the heat, chilliness from motion or uncovering;*—**during the apyrexia**, *gastric and bilious symptoms are always present, (loss of appetite, yellow-coated tongue, bitter taste, nausea, vomiting, obstinate constipation, and icteroid color of the eyes and face;)*—and **after repeated attacks**, *soreness*

Nervous System.

of the liver and spleen, jaundice, general debility, dejection, irritable mood, and excessive sensitiveness to external impressions.

2. Disorders of Sensation and Motion:—As in **Aconite**, one of the most prominent sensory phenomena is a violent chill or a feeling of acute chilliness, often associated with the motor symptoms of shuddering and shaking, even chattering of the teeth, especially after drinking. No less characteristic is the coldness, which is always attended by blue discolorations of the skin from non-oxidation of the blood. This lividity is particularly marked in the hands and finger nails. The coldness cannot be relieved by the bed-covers, and the warmth of the stove; the least uncovering of one's self, even during the hot stage, brings on the chill. The chill or chilliness moreover, may be preceded by intolerable drawing pain through thighs and legs, and a weak paralyzed feeling of these parts; and accompanied by dread of air, rush of blood to the head, heat of the head and redness of the cheeks, aching or drawing in the limbs, painfulness of the skin, and numbness of the extremities. Prominent are also, the general heat, and the sensation of burning, especially of the hands; the whole body is burning hot, yet the patient must be covered up, so great is the sensitiveness to the slightest current of air. The whole nervous system is excited, with excessive irritability of all the organs of sense, particularly hearing and sight. The pains of **Nux Vom.** are of a bruised, aching, drawing, or lancinating character, and often associated with numbness and paralytic debility of the effected parts. The chief seat of the bruised, aching pains are the joints, the muscles of the trunk, and the small of the back, and during and after motion. The **head-ache** is pressing, tensive, and drawing; usually congestive, often traceable to errors in diet, and connected with nausea, bitter vomiting, and constipation, or with heat and flushing of the cheeks. Sometimes it has been described as a feeling of expansion, or splitting in the head, chiefly in the supra-orbital region; at other times as if a nail were being driven deeply into the brain. Its locations are: the interior of the brain, involving the eyes and the root of the nose. Ordinarily it occurs in the morning, after waking or on rising; sometimes after eating, revelling and in the open air; periodically, every day at the same hour. It is excited or aggravated by all mental exertions, close meditation, sedentary life, wine, coffee, noise, light, coughing, or stooping. Frequently the brain feels shattered while walking, and the scalp and roots of the hair are painful and very sensitive to touch.—**The leading motor phenomena** include, yawning, stretching, shuddering, shaking, muscular cramps, tremors, tetanic convulsions, opisthotonos, and spasmodic conditions of the face, jaws, throat, œsophagus, chest, and of the intestinal and urinary tracts. Very characteristic is likewise the loss of motor power, with numbness and coldness of the affected parts.

3. Mind and Sensorium:—The mental symptoms indicative of **Nux Vomica** comprise various manifestations of an irrita-

Nervous System.

tive and depressive character. The oversensitiveness to all external impressions is extreme; the least noise, talk, strong odors, or bright lights are intolerable. The patient is inclined to find fault and scold, or to get excited and angry. Cannot bear contradiction, and if so disturbed becomes quarrelsome and vehement. During the most trifling ailment, especially of a painful character, he exhibits an inconsolable exasperation, with wailing, cries, and complains, and associated therewith we may find heat and redness of the cheeks. Like Arsenic, the drug has attacks of extreme nocturnal anguish and inquietude, principally on going to bed, or after mid-night, often with an agitation which does not allow of repose, and may even lead to suicide. The state of excitement and vexation is frequently attended, or followed by dejection. He is solicitous about his health, speaks of his ailments, is hopeless of cure, and apprehends death. Even when taciturn and despondent, if provoked, shows his ill temper. Timidity, with incertitude or indecision, as well as melancholy, with disquiet, uneasiness, and incapacity for all mental and corporal work, are also characteristic. The common center of sensations is not deeply affected, save secondarily, in fact, the physical faculties are disturbed but little, in comparison with its effects on other parts of the nervous system, and in all cases where Nux Vom. is indicated, consciousness must be retained. There may be dullness, confusion, sense of intoxication, and even stupification but the sensorial functions are never perverted to the extreme of showing clear evidences of mental disease. Active delirium, hallucination, illusions, delusions, etc., are only the result of the continued administration of full doses of its alkaloid Strychnine, which on the other hand frequently fails, in such doses, to produce those well-known evidences of heightened reflex activity. The few expressions of mental disorder recorded, arise from causes, such as fever and alcoholism, and speedily vanish with the illness, of which they form a part. Disturbances of sensorial origin worth mentioning, are: the incapacity to meditate or exert the mind, and the disposition to err in speaking and writing, for the patient has great difficulty in finding the proper words, and in his confusion easily omits syllables and whole words. Vertigo is also produced by this remedy. It is characterized by a feeling of rotation and swaying in the brain, and it occurs particularly while eating or immediately after eating; when walking in the open air; on bending forward and again assuming the erect posture; in the morning on rising; and at night after lying down in bed. It is frequently attended by obscuration of vision, staggering, fear of falling, fainting spells, and momentary loss of consciousness. It is very common after a drunken frolic or night-revelling.

4. Sleep.—Under this drug there is a marked disposition to sleep soundly, or to doze; this is particularly the case in the morning, on rising, after a heavy meal, or in the early part of the evening. After eating, especially after the last meal, the patient falls asleep in his chair, is very heavy, and on going to bed sleeps immediately. The

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night sleep is short and disturbed by anxious dreams, sometimes of a terrifying or voluptuous character, and after 8 a. m. there is disinclination to remain in bed; more frequently, however, when he awakes at this early hour, overwhelmed with a multitude of ideas, falls after a while into a semi-conscious or heavy sleep, from which he finally arouses unrefreshed and weary: in fact more weary than he was at bed time. This extreme morning lassitude is often attended by bruised pains in the limbs, dull headache, and convulsive yawning and stretching, and easily explains why the patient finds so much difficulty in getting up from bed, and is so averse to work after rising. Students, however, should bear in mind that the person also found great difficulty in going to sleep before midnight, a condition of common occurrence after vexation, late heavy meals, indulgence in strong coffee, wines, or in persons of sedentary habits, applied to protracted literary work.

5. Spinal Cord:—*Strychnina*, one the active principles of **Nux. Vomica**, produces an excessive irritability of the centers of the cord, in consequence of which the slightest stimulus of the skin works a reflex action, the slightest touch sending all the muscles into prolonged tetanus. This powerful action upon the cord, more clearly defined by our systematic provings, gives expression to a diversity of spasmodic phenomena of reflex origin, which, as a rule, are followed by torpidity and temporary, incomplete, partial paralysis, depending principally upon exhaustion. The most common manifestations of this reflex action, are: Stiffness, jerking, twitching, trembling, cramps; spasmodic contraction of tongue, throat, œsophagus, stomach, abdomen, rectum, anus, and bladder; painful erection of the penis; distortion of the face and mouth; tetanic, epileptiform, and chronic convulsions. During the tetanic convulsions, the rigidity involves nearly all the voluntary muscles; the body may be curved backward (*opisthotonos*), or trunk and limbs are rigidly extended in a perfectly straight line (*orthotonos*); the lower jaw is firmly set against the upper (*trismus*); breathing is rendered laborious by spasm of the respiratory muscles; and the skin becomes livid from blood-stasis. Associated therewith we may have distressing dysphagia, *risus scardonicus* (mouth elongated, angles elevated), and spasmodic priapism. The tetanic attacks are usually interrupted by periods of amendment, and even of perfect calm, but the accidental movements of the bed clothes, the shutting of a door, the passing of a carriage in the street, or a current of air upon the skin, is often sufficient to renew them in the most severe form showing the great oversensitiveness to all external impressions. Spinal symptoms of import are also, the pain in the small of the back, as if beaten or bruised, worse at night, hindering to turn over in bed, or from 3 to 4 a. m., with great lassitude, the burning and tearing in the back; the contusive or drawing pains in the limbs and joints: the stiffness and tension in the hollows of the knees, as if the tendons were too short, especially on rising from a seat; the paralytic drawing in the muscles of the thighs and calves, painful on walking; the tension, stiffness, bruised feeling, heaviness, torpor,

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and paralytic debility of the limbs; the sudden sensation of loss of power in the arms; the languor and dread of motion; the tottering gait; and the numbness of arms, hands, legs and soles of feet. As one of the important actions of Nux Vomica on the inferior portion of the cord (ano-spinal centre, sacral nerves, etc.,) consists in disturbing the nervous mechanism which regulates the accumulation and discharge of the excrementitious products of the system, we must include here the ineffectual urging to stool and micturition.

Alimentary Canal.

6. Digestive Organs:—All the gastric symptoms of **Nux Vomica** depend on alteration in the mode of action of the nerves. The tissue changes observed, refer both to nutrition and secretion. In general, the secretions are diminished in quantity and altered in quality, this is particularly the case with fluids which require a greater elaboration, as those of the mucous membranes and skin, the only obviously increased being the bile. As a result of these metabolic changes, we find the **mouth** dry and parched, even without much thirst; the **tongue** thickly coated, white or yellow; the **taste** sour, bitter, metallic, or putrid in the morning, but as a rule, food and drink have their normal taste; the **appetite** abnormally increased, diminished, with aversion to food, bread, water, or the accustomed stimuli, coffee, wine, and tobacco, and perverted, with craving for brandy, whisky, beer, or fat food; the **thirst** slight or marked, yet drinks are well endured; and finally such gastro-enteric phenomena, as acidity, pyrosis, waterbrash, hiccough, sour and bitter eructations, nausea, vomiting of food, bile or sour mucus, or of blood, flatulence, obstinate constipation, and hemorrhoids; effects leading to imperfect nutrition, as evinced by the sallow complexion, loss of flesh, extreme lassitude, hypochondriasis and irritability of temper. Many of these symptoms often appear combined in such a manner as to display a *habitus biliosus*, in which the skin, conjunction, and several of the secretions are tinged yellow by the coloring matter of the bile. The painful and distressing symptoms, of gastric and enteric origin, are the following: painful sensitiveness in the region of the stomach, both to touch and pressure, tight clothing and lacing being unbearable; pressing as from a load in the stomach and epigastrium, especially after meals and in the morning; sudden feeling of repletion after taking the least quantity of food; sudden constrictive-cramping pain in the stomach, especially after eating or drinking, as in the morning, frequently with tympanitic distention of the chest, eructations, retching and vomiting; burning and sense of excoriation in the stomach; constrictive feeling as if the food were retained in the cardia, and would ascend back into oesophagus; burning in the cardiac and pyloric regions; great flatulent distention immediately after eating or drinking, with frequent sharp colicky, cramp-like, or gripping pains as if the intestines were squeezed between stones; soreness and sensitiveness of the abdomen; feeling of constrictive, dragging weight toward the lower abdomen,

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with frequent urging and fruitless efforts to evacuate the bowels; and a sensation of weakness in the inguinal ring, as if a loop of the intestines were about to protrude. The great key for **Nux Vomica** however, is **constipation**, a condition of the bowels, which I regard due to *spasmodic constriction of the anal sphincters*, and not to dryness or torpor, as it has been stated repeatedly, for though ineffectual the expulsive efforts, the desire is there, tonicity is not lacking, the afferent impulse is conveyed to the *ano-spinal centre*, and the whole mechanism of defecation responds to the stimulus, only the spasmodic action becomes a hindrance to evacuation and the normal act cannot be accomplished. Hence we can confidently assert, that the *constipation* of this drug is a mere *retention of feces*, where the *reflex phenomenon of repulsion is checked by spasmodic contraction of the sphincters*, naturally giving rise to a disability to discharge the *excrementitious products of digestion*, which being, again and again, driven back by anti-peristaltic action to the sigmoid flexure, finally becomes dry, crammed, hard, large, and obstruct the passage. There we have the true cause of the characteristic, *frequent ineffectual urging to evacuate the bowels*. Such retention of feces, of course, favors the accumulation of blood in the lower bowel and is apt to produce enlargement of the hemorrhoidal veins (piles), with or without bleeding. This retentive spasmodic action seems still at work, when the desire is somewhat satisfied, for the attempts are resisted, the required efforts are persistent, and the stools are always scanty, unsatisfactory, incomplete, as if a part of the feces remained in the rectum. Scanty and attended by tenesmus or straining are also the soft stools of **Nux Vomica**, which are often mixed with mucus, with bloody mucus, or there is clear blood along with the feces, the urging, however, ceasing as soon as the bowels are moved. After all evacuations, requiring great effort, there is more or less stitching and aching pain in the rectum. If hemorrhoids are present, the anus burns, smart and feels as if cut some hours after stool. **Nux Vomica** has also a marked affinity for the liver, and under its action we find unmistakable signs of sluggish portal circulation, which associated with constipation often give rise to passive congestion, with general malaise, irritability of temper, despondency, slight jaundice, scanty high colored urine, frontal headache, foul tongue, loss of appetite, nausea, vomiting, and other symptoms of indigestion. Flatulent colic is common attendant of the bilious trouble, pressing upwards and interfering with breathing, or downwards and provoking, both urging to stool and urination. In such cases of biliousness or congested liver, by palpation and percussion, we may find the organ hard, swollen, and sensitive to touch, and the patient complaining of a throbbing, stitching pain, radiating into the right shoulder. The distress in the hepatic region is always worse after meals, probably from the fact that active congestion always accompanies the digestive act.

Respiratory Tract.

7. Organs of Respiration:—The *catarrhal* condition produced by this drug in the *respiratory tract*, is characterized by *irritation and dryness*, and the *nasal passages and the larynx*, seem to bear the brunt of the disease. In the **Nasal fossa** there is a *painful sensation of soreness or ulceration*, but *dryness and obstinate obstruction* are the leading symptoms. This obstruction is evident even when a discharge of thin, acrid fluid takes place; and if absent during the day is sure to return at night. The nose, however, may be obstructed in the day time and only run in the evening. The discharge of mucus, with stoppage, may occur from only one, or from both nostrils. The stoppage is sometimes particularly marked in the open air, but once indoors the nose begins to run. Common attendants of these *catarrhal troubles* are: *frontal dullness and stupefied feeling; great heat of the face and head; heat and weight in the forehead; severe tearing in the frontal cavities; dryness of the mouth, with little thirst; alternate chills and heat; as well as itching, sneezing, and roughness and scraping in the nose and throat; the olfactory sense being often so perverted as to have before the nose delusive smells, like old cheese, brimstone, or candle-snuff.*—In the **larynx**, due to spasmodic action or to irritability or diminished secretion a short, dry, fatiguing cough is produced, often provoked by tickling, roughness and scraping in the throat, motion of the body, exertion of the mind, (meditation, reading, etc.), or by lying on the back. Principally, it occurs, early in the morning, in the evening in bed; at night, preventing sleep, or periodically every other day. It frequently last from midnight to day-break, and may be accompanied by scanty, thick, tenacious expectoration; feeling of excoriation in the trachea; bruised pain in the stomach and abdominal walls; bursting headache, and in rare instances by vomiting and bleeding from the nose and mouth. Other usual concomitants are: hoarseness, and constrictive tightness, transversely through chest, which depends partly upon spasm, and partly upon congestion, and gives rise to short, slow stridulous breathing, asthmatic oppression, and fear of suffocation. The asthmatic constriction is often associated with fullness of the stomach, occurs principally in the morning, and is worse from cold air and exercise, especially walking and going up hill. There are no heart symptoms, except palpitation, which occurs on lying down, from mental emotions, protracted study, excessive use of tobacco, and after eating, especially after spices or coffee.

Vascular System.

8. Circulation:—*Nux Vomica* has little or no effect on the great vessels and the heart, its influence on the capillary system is not very marked, but it shows a pronounced elective affinity for the portal circulation, which in health carries the venous blood from the viscera of digestion to the liver by a valveless, single trunk of large size, called the *vena-porta*, and which being combined to the abdominal cavity is easily rendered sluggish by the combined efforts of sedentary habits and imperfect respiration. In fact, this drug is more a:

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venous than an arterial remedy, for the only active vascular disturbances recorded, are, congestion to the head and hemorrhages from various outlets of the body, the latter, however, being secondary to the suppression of habitual discharges, such as the catamenia or bleeding from piles. Hence, the chief vascular disorder, indicative of Nux Vomica, is of venous origin, and consists in sluggishness of the portal circulation, with consequent abdominal plethora and hemorrhoidal fulness, which, when associated with constipation a constant source of passive congestion of the liver, especially if provoked by errors in diet, excessive tipling, sedentary life, etc. Moreover, abdominal plethora, with enlargement of the hemorrhoidal veins, favors passive congestion of the lower spinal vessels, and a similar relaxation often accompanies affections of the female sexual organs.

Genito-Urinary.

9. Bladder.—Some of the most characteristic urinary symptoms of **Nux Vomica** are undoubtedly traceable to irritation of the lower portion of the spine. Spasm, torpor, and paralysis, both of the sphincter and muscular walls are leading direct causes. The painful, ineffectual urging to urinate is of spasmodic origin; while the dribbling, incontinence, and retention, are due to torpor or paralysis. In this group I must also include the *hematuria*, which like other bleedings of the drug, is dependant on the suppression of habitual discharges (menses or hemorrhoidal flow); the irritability of the neck of bladder, which is attended by burning and tearing pains while urinating, and the painless discharge of very tenacious mucus, during micturition.

10. Male Genitalia.—The male organs of generation are functionally perverted. The venereal desire is easily excited, with frequent erections and pollutions, especially in the morning in bed. The excitement often amounts to orgasm, and after repeated crises, the corresponding spinal centres become exhausted, and this exhaustion is naturally followed by debility and relaxation of the parts, with nocturnal emissions, incomplete erections, loss of sperma, and even impotence. As a result of this loss of power, the **Nux Vomica** patient suffers extremely from backache and is languid, irritable and despondent. Too high living and sexual excess, are leading causes of this condition. Increase of sebaceous secretion about the glans penis and prepuce, is a characteristic symptom. Under this drug we find also: heat, stitches, and painful spasmodic constriction of the testicles, extending or not into the cords, as well as inflammatory swelling of the testes, with hardness painful sensitiveness to touch and retraction.

11. Female Genitalia.—In the female organs of generation we find likewise several functional disorders principally due to spasmodic action and alteration of secretions. Characteristic above all is the shortness of the inter-menstrual interval, the catamenia occurring several days too early, and continuing longer than it should. Sometimes there is a repeated return of the menstrual flow. The flow is

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is usually dark, attended by spasmodic colic, nausea and morning faintness, and occasionally by great prostration, severe headache, chills, pain in the limbs. Oversensitiveness to nervous impressions is also a constant concomitant. Other important symptoms are: the crampy, constrictive pains in the womb and lower abdomen, extending to the thighs, and the painful bearing down toward the sexual organs, bladder and rectum, with discharge of a yellowish, fetid mucus, urging to urinate, or ineffectual efforts to evacuate the bowels. The only structural changes, worth considering are: the swelling of the uterus, with great sensitiveness to touch, and the prolapsus of the vaginal walls and womb. Finally there is tingling and itching in the vulva, exciting pollution, and as in the male, sexual erethism, provoked by the least stimulus, especially in the morning in bed, and followed by languor, irritability of temper, and dejection.

A PREVENTIVE FOR DIPHTHERIA.

Harry Gilbert, M. D., in the "Medical World" for February, 1895, page 70, says: "Nearly two years ago, I commenced the use of Sulphur di-oxide in diphtheria, and with such satisfactory results, that the readers of the "World" are hereby courteously invited to consider a few thoughts in connection therewith. Conclusions drawn are, 1st, 'That the constant but slow combustion of Sulphur in the sick room, or in the several apartments of the house where diphtheria prevails, will prevent the second case in the house, i. e. prevent others taking the disease. 2d, That it is an effective and very potent remedy in controlling the disease itself where it already exists, i. e. will often cure without other medicine. 3d, That it is perfectly safe and harmless. 4th, That in 615 cases no second case appeared. 5th, That all offensive odors, in a few hours, subside; even the breath of the patient in malignant cases becomes pure. 6th, Sulphur is combustible at 180 degrees F. (water boils at 212 degrees F.) A plate with sulphur sublimatum sprinkled upon it and placed over a boiling pot, and constantly renewed, will check all fermentations in the room, and render all decomposition with which it comes in contact, innocuous, with annoyance to the most delicate."

In view of the above, why would it not be wise for our Board of Health to have the knowledge of this Sulphur cure made known to the poor, as Sulphur is cheap by the pound, by having notices of how to use it posted in the public highways and other suitable places?

J. O. W.

Institutes of Medicine.

VITAL FORCE.

T. H. HUDSON, M. D., KANSAS CITY, MO.

Professor Institute of Medicine, Kansas City Homœopathic Medical College.

At the close of our last lecture we agreed unanimously upon the following propositions:

First,—The physician who selects his remedy according to the law of similia whether he prescribes the lx or c. m. is a homœopathist—a brother in full faith and fellowship, and as such, entitled to the confidence of the fraternity.

Second,—In every case of illness, the requisite dose of any remedy is the smallest quantity that will restore health.

Third,—Not a physiological action, but a dynamic energy, is the force we seek to employ.

Fourth,—Every diseased condition presents a picture to which may be found on the provings of some remedy a corresponding picture.

Fifth,—A remedy thus found and applied to the existing condition will eradicate the disease if it be eradicable.

Sixth,—A single remedy at a time unmixed and unaided by adjuvant, accessory or assistant is the only remedy required. Thus you have at the outset of your Organon studies six rules, one for every day in the week, and all equally applicable upon Sunday as upon week days.

You will remember perhaps that my closing admonition was, to fire no cannon balls nor shot-guns, nor aim at the names of diseases, and that the burden of our song was:—

That when a poor felly goes lame,
Don't fire all the guns that you've got;
Nor aim at a name,
For missing that same
You'll fill the poor devil with shot

It has been asserted by high old school authority that “while the homœopathist may remove the symptoms, the disease will still remain.” But the fact is that so long as the disease remains it must manifest itself by symptoms, therefore the only proof of

the removal of disease is the abatement of symptoms. Consequently when we have learned how to abate symptoms, we need concern ourselves no further about disease.

We cannot see disease. No one *ever* saw it. The blush of erysipelas is not *erysipelas*. The *eruption* of scarlet fever or measles or small pox are but the *visible signs* of these affections. They are only the red banners—the danger signals, hung upon the outer walls. We cannot hear, smell, taste or touch disease. Crepitant rales, hot skin, high temperature, rapid breathing do not constitute what we call pneumonia, but are only evidences of its existence.

Ulceration of Peyer's glands is not *typhoid fever*. If we looked through the walls of the abdomen and beheld the ulceration process we could not see the disease but only one—possibly an invariable symptom of it. The ravings of a maniac are not *mania* any more than are the hallucinations of a drunkard the liquor he drank. The order of the disease is not small pox, nor is sweet urine any more than an evidence of *diabetes mellitus*. This evidence may serve to distinguish it from *diabetes insipidus*, but it is not the disease. What is disease? Where does it originate? You say that Jaundice is a disease of the liver; Phthisis, of the lungs; Tetanus, of the nerves; Caries, of the bones. A vigorous student fresh from the farm, at the beginning of the session, received a blow upon a prominent bone with no resultant effect, except a few days lameness. The same student near the close of the session when worn by study and anxiety received a blow no harder, upon a bone no more prominent, which resulted in caries, necrosis, amputation, death. Why did he escape injury in the first instance and succumb in the second? What is vital force? What is life? What the difference between life and death? Weigh a live man—strike him dead, shed no blood, weigh him again. He weighs no less. Something gone, but nothing lost,—nothing but life, and life weighs nothing. A world of difference, but scales don't measure it. The tenement is here, the tenant gone. The house remains, the housekeeper is away. The walls, the windows, the furnace that supplied the heat, the furniture all here. He who looked out of the windows and fanned the fire is off upon a journey. He does not return. The building is not re-tenanted. It falls into decay; resolves itself into its primal elements, returns to earth and air and water, blooms again in flower, ripens into fruit and grain, feeds again the animal

world, and again composes some part of the human body, aye of a thousand human bodies! The trend of all earthly things is upward and toward a climax. The seed toward the plant. The flower—the fruit. The fruit reproducing seed. First in creation the mineral, next the vegetable, then the animal world. First the lower, then the higher orders of animals, then the body of man bearing in its bosom the deathless and immortal, the spark unquenchable from some fire eternal.

The osseous, muscular, vascular and nervous systems separated each from all the others and kept *in situ*, forms each a fairly good picture of a man's body. United they form the body complete.

But back of bone and brains, blood and brain, brick and mortar is the man, the real living man, the house-keeper, the homedweller, the superintendant of supply and waste, of income and out lay. He who while gazing idly out of the window yet with electric touch moves the mighty engine to throb and throb and send the genial warmth to every room and recess of that wonderful building. Who shall say that he dwells alone! Nature is fond of pairs, and contrasts, and comparisons. Heaven and Hell. Sun and moon. Sight and darkness. Life and death. Health and illness. Sunshine and shower. Land and water. The Atlantic and Pacific. A continent east. A continent west. The old world and the new. Male and female. Man and women. The windows of the soul a pair. The auditorial chambers of the brain, one for either hemisphere. Cerebrum and cerebellum, the home of reason and the source of action. Two paths to olfactory cavity. The mouth a portal for two parallel roads to the interior. A strong right arm and a weaker left one. Two hands, two feet. Aye, and two hearts in one, sending and returning by two channels, two currents of blood of two qualities and two colors to be fanned by a pair of lungs from a deepening crimson into a scarlet glow.

Two great electric systems; the one responsive to the Master's touch, the other employed by the mistress of the house. Two occupants: the one a restless rover, the other gentle, quiet and always at home; the one busy and bustling, rushing through the day, and sleeping at night, the other calm and serene, yet vigilant and watchful by night as by day. These two beings so blended as to be indistinguishable, so joined as to be inseparable, so close in their communings that no others know its import, and

so intimately identified that act and deed of one, seem act and deed of both:—this dual creation is what we know by the generic name of man.

A dual being; he lives a dual life. Guided sometimes by principle, at other times moved by impulse. Rising to the dignity of a demigod, stooping to the plane of devils. With senses less acute than those of lower animals, with physical strength and muscular development inferior to theirs, yet monarch and ruler of all. Sharing with them, though in lesser degree, the ordinary means of communication with the external world, yet by right combination, proper direction, and constant culture of the faculties, developing their fruitage—reason, by aid of which he leaves the brute creation groveling in the dust, while he journeys amid the stars.

And this is man, the weakest and wisest, the feeblest and strongest, the worst and best, the last in creation, yet the first in esteem, and the crowning glory of his Creator's work.

And this is the creature we must understand and with whom we must become familiar, if as medical men we would succeed.

“Know then thyself.—The proper study of mankind is man.”

It is this being—this man so feebly described—this subject upon which we have dwelt an unreasonable time in the hope that we might enable you to separate in fancy, if you will, the tenant from the tenement, the housekeeper from the house, this force or power or essence that Hahnemann calls the immaterial vital principle, vital force, vital energy, and similar terms, by which he means life, life force, principle of life, etc.

Of this vital principle he says that “in the healthy condition of man it animates and controls the body and maintains all its organs in order and harmony.

“Deprived of this principle the material organism—the body, is incapable of sensation, action, or self preservation.”

This vital principal becomes deranged. This derangement is induced by another force equally subtle and invisible, which acts upon the same plane, is also of dynamic power; and manifests to the obtuse senses of the physician only through the comparatively coarse and clumsy machinery of the patient's organism (the human body).

However obtuse our sensibilities and however crude the impressions transmitted to them by the intervening medium still it is through these impressions, upon these sensibilities that we

must depend for all possible knowledge obtainable regarding illness or ailment of any kind.

In other words the symptoms and signs recognizable by our senses teach us all that we can learn or know concerning diseases.

Life, works upon a plane infinitely above our comprehension; the plane of infinity, our comprehension being limited by our faculties, they being but finite; we cannot comprehend the infinite. Death—Life's enemy acts, must act, upon the same level with life.

Health one of Life's attributes, move in the same sphere. Disease the enemy of health can move in no other. Otherwise health occupying a superior or different plane could not be attacked by disease. Moving in contrary directions upon the same level they meet, they join battle. The smoke, the banners, the blood, the din of battle are tokens that reach our senses of sight and sound, show us the course and progress of the fray and enables us to ally our forces with those of health and mayhap enable her to win a victory. The weapons which we employ must be not only of superior mechanism but made to carry into the plane upon which the battle is fought. Otherwise falling short of the mark, they fail in their mission. They must be charged with dynamic power, and aimed with precision.

And now leaving metaphor and figures of speech let us say, and remember, when figures and metaphor may be forgotten, that life and health, disease and death being dynamic powers, the force alone that can be active among them, to aid and assist, or hinder and oppose, must be dynamic in character—must be potentized, popularized, spiritualized if you will, but raised from the crude and coarse into a higher—a loftier sphere.

MALARIA; A STUDY OF ITS EFFECTS.*

G. W. BOWEN, M. D., FT. WAYNE, IND.

After having made myself fairly conversant with it, not only from observation, but also by contention with it, and having read La Roche's valuable grouping of its effects (published in 1854), an infatuation then influenced me to learn yet more in regard to it, and supposing all knowledge must emanate from the east, the Delaware, Susquehanna, Potomac and James River were visited,

*Read before Indiana Institute of Homœopathy, May, 1895.

and a more extensive study of its effects were made, especially where the tide water was made to blend with the fresh, as there disturbances of vegetable deposits were more liable to favor the decomposition and vary its effects. But from this trip nothing of importance was gained except that furnished by self-manumitted slaves that had escaped to the Dismal Swamp. They, after passing through their acclimation, (if they ever did) secured an immunity from its effects. Later years and observation has demonstrated that exemption from local climatic effects can be obtained in any place.

Here, with its abundant opportunities for its observation, for with one productive field of over six hundred thousand acres in one body (extending through seven counties), and another, within three miles of my door, of over twenty-five thousand acres, there could not only be found an abundance of malaria but a surplus. After a few years, this richness of the natural product seemed to fall, and a desire arose for an artificial product that could be tamed and utilized by being made to conserve the purpose of combatting its untutored relative. Vegetable matter of different forms was decomposed in my office in glass jars, and malaria was freely generated. Persons were hired to inhale it in its stages of decomposition, and careful observation was made of its effect on them. This gave a clue to its future use and the only reliable guide for its combatting. Not only did the gaseous form demonstrate, but subsequent use of the liquid product prove it capable of producing the three leading forms or types of disease that the past years had made me conversant with, but others of a minor grade yet of unsuspected parentage.

Thus comprehending the producing cause, the battle need not henceforth be carried on mid the gloom of night.

The decomposition of the vegetable matter passed through three stages or degrees. The first, liberated gasses freely, yet of not so offensive odor as later. After ten or fifteen days, the expense of inducing men to inhale it was more than doubled, even for a moment. After three or four weeks, not much gas was generated, for it seemed only capable of laying still and sending its fearful odor heavenward.

Inhalation of the gaseous products for the first week or ten days, would cause a headache, coat the tongue white, give distress in the stomach, and cause nausea, all in from one to ten hours time, and these if not carried too far, would generally pass

off in two or three days. Inhalation made after ten days or two weeks, did not often produce results in less than from twelve to twenty-four hours. Then there was fearful headaches, nausea, aversion to food, distress in the spleen, liver and stomach, and on the third day chills, followed by fevers, that might have kept on indefinitely if not interfered with.

After decomposition had gone on for three or four weeks, it became active, and was simply fetid to a fearful degree, and no results except nausea was apparent in any one exposed to it in less than three or four days, and then came extreme lassitude, and later a continued fever, with an unlimited amount of pains and aches, with a debility that limited locomotion. Three vials of the watery solution were saved, one each from its various stages of decomposition, and from these an attempt was made to make provings, and find out what were reliable antidotes to them, and thus be able to cope with my invisible foe in my daily avocations.

These provings were not carried far enough or long enough continued, but were ample to guide me in the future. Their discontinuance was rendered rather necessary by my enthusiasm which led me too far in some cases, but the antidotal effects of certain remedies amply compensated me for my pecuniary and reputational loss.

Nausea, colics, cramps and diarrhoea, were readily and easily relieved from a few doses of the first vial, and the second vial gave me cases of nausea, distress in the stomach, liver, spleen and kidneys, and many apparently normal types of intermittent fevers, with their attendant shakes, some daily and some Tertian. With the third vial trouble came, as it did send several to bed, and unmistakably caused them to degenerate into a typhoidal or semi-paralytic condition. In a few cases I was denied the privilege of sending an antidote and help them out of the dilemma. Only a few drops on a powder was given three or four times a day in any case. Next, an effort was made to see if a vegetable product could be taken into the system, absorbed and assimilated, and produce similar results without external decomposition. A peck of strawberries was purchased and given a healthy man, that was interested in the subject of diet. He was to eat nothing else for his dinner except the strawberries, and the system should depend on them for its nutritive supplies for that meal. On the third day he was chilly, but thought nothing of it at the time; on

the fourth day was so cold he had to go to the engine room to get warm, and drank several times in the afternoon, an unusual thing to do; on the fifth day he shook with a chill that lasted half an hour, and was obliged to go home. My first visit was made that night, and a fair type of intermittent fever was plainly apparent. He had three more chills, each lighter and finally ended. None since then, but he does not make strawberries a standard diet. Next, a peck of choice peas were purchased and given to a healthy man, and he too was to make a dinner of them and nothing else while they lasted. In three days a natural effort was made to expel the pumice or woody fibre by an attack of diarrhoea, and this was controlled by some domestic medicine, so, much of the vegetable matter was absorbed into the system. In two weeks was called to see him, and found him weak and unable to work. He had been feverish for the last three nights, but felt better in the morning. His tongue was dry and brown, weak, drowsy, with a loss of appetite. The case was dallied with for three days, and the typhoid type was finally declared. It took still nine days more to get him back to his work. This amply satisfied me that an excess of fruit in summer time was not conducive to health, and apparently proved that the system could readily decompose and absorb vegetable matter, which would produce similar symptoms or results, equal to inhaled or acquired malaria.

My first effort was to find what would most readily neutralize and destroy the effect of malaria, and secondarily to ascertain what symptoms, types and forms of disease was justly attributable to that producing cause. I will not take time to specify all the charges that can be laid to it, but can and will say, that there is *one cause*: there is *but one cause*, and that there is *no other cause* that can, or ever did produce Typhoid fever, except decomposed vegetable matter in some form.

Its most common means of introduction into the system, is through the air, in food, and water.

That the system can be rendered unsusceptible to its influence is certain. That it is the cause of rheumatism circumstantial evidence will be almost enough to demonstrate, and that it is half brother to typhoid fever would seem apparent, from the fact, that the same remedies that cure one, will cure the other, and in the same length of time. It is in evidence also that if a person has the one, they will not have the other, and if the one type is

suppressed, it is liable to assume the other form, so apparently they seem to have the same maternal ancestor.

One, a singular case, began as inflammatory rheumatism; after a week it was suppressed, and assumed a typhoid type, and was allowed to progress for a week, and then my treatment began. It became a serious case, the patient was delirious for four weeks and finally recovered. This fairly demonstrates the interchangeable types.

One other case is mostly of note where only *theory* seemed to serve as a guide.

A lady, the last of a family of five, all others had died of consumption, and three in her preceding generation of the same disease. I doubted the possibility of saving her, yet theoretically decided that as the primitive action of malaria was in the Hypochondriac region, at the spleen, liver and stomach, that I would develop an artificial or drug disease there, in hopes that the chest would be relieved and doubtless be benefitted. She was given malaria from my second vial, a few drops three times a day. On the fifth day, she had a fairly noted chill, and so on, a chill daily for several days, each one harder than the last.

On the eighth day I saw her shake for an hour, and her fever lasted six hours. Out of pity, the drug was neutralized, and her health was restored, with no return of her cough, difficult breathing, or impaired heart action. She was cured of her troubles in her chest, and deprived of her expected death. She remained well for twelve years when she was lost to my care.

Did the malaria cure, or the medicines given to counteract its effect? Let others decide. The conclusion seems forced upon me that malaria will have a beneficial effect in pulmonary troubles, not from its curative effect, but by a transference to a less important place, or by the production of a disease of a controllable nature. The suggestion is at least mostly of consideration. In searching for the remedies that would prove to be the best to neutralize the effect of malaria when introduced into the system, the supposition arose that *Eupatorium perfoliatum* should be the best, as it is generally found to be indigenous in any malaria locality, but such was found not to be the case, for although promising similar curative properties, after many fruitless efforts reliance upon it was abandoned. So the old adage of the antidote accompanies the bane, seems to be not always reliable. For the first or primitive effect, the remedies that did act most promptly

and effectual, were *Nux Vomica* and *Bryonia*, thus calling to mind the effect of these remedies that experience had led me to use in the attack that are apt to come in the summer that are usually designated of a bilious nature. In its secondary form or where my malaria seemed to be the result of the decomposition of material or vegetable fiber and its effects more premeating as different symptoms will develop by it, a change of remedies (or chemical antidotes if you please) becomes necessary, for far the best results were secured by the use of *Bryonia* and *Arsenicum*.

China did not act well or give any reasonable satisfaction.

Prior, and later experience seems to demonstrate the utility of the use of *Arsenicum* in all types of an intermittent nature, yet will not discredit the fact that other remedies can cure this form, but that a pernicious case, can be or will be, as readily restored or cured by any other remedy, I reserve to myself the liberty to doubt.

Opportunities and time have given satisfactory proof that these two remedies are amply able to restore the symptoms, and remedy a majority of the diseases that make their advent in the early autumn, or late in the spring.

Later, after a total decomposition of my vegetable matter had taken place, and it almost seemed to possess a domoniacal potency or power to undermine the noblest forms, then to my surprise *Bryonia* seemed to hold prestage, and give splendid results, but needed a different assistant one that could and would permeate the muscular system, yet slowly, and for this *Rhus Toxicodendron* was called into requisition, and from that day to this, it has not been the means of causing a single disappointment. For Typhoid fever and for its kindred, Inflammatory Rheumatism they are entitled to be called "Par nobile fratrum." That malaria elaborated by nature, can be easily absorbed is apparent, and that it can be held for months and then be called into activity by a change of locality and other causes, is also true. It ought to be equally well known, that the system can become familiarized to its presence and rendered incapable of showing its effects, by becoming nonsusceptible.

Many years of observation has demonstrated one more important point in relation to the means that will render the system less liable to its absorption, at least to that amount that it will give evidence of its presence, and that is by the liberal use of coffee. For at least twenty years, no effect of malaria has been

apparent or observable in those that drank reasonably fair coffee, unless their diet has been excessively that of fruit.

It is doubtful if malaria can be highly diluted and used as a medicine with the expectation of getting beneficial results, for no person can pass through a malarial region and not inhale it, even should they not get a reasonable dose in a drink of water.

If provings could be made of vegetable matter, in its different stages of decomposition, doubtless a valuable addition could be made to our *Materia Medica*, and not only the medical profession, but the people be benefitted thereby.

A valuable paper on this subject was presented to the "Western Institute of Homœopathy" at its meeting in Milwaukee in May, 1868.

TAKING THE CASE.

The Organon and *Materia Medica* Society of Philadelphia held its regular monthly meeting at Spring Garden St. The President in the chair.

After the roll call, the minutes of the previous meeting were read and approved.

The following paper was read by Dr. Stankowitch.

Section 89:—When the patient (for it is to him we are to refer, in preference, for everything that relates to the sensations he experiences, except in diseases where concealment is observed) has thus personally given the necessary details to the physician, and furnished him with a tolerable image of the malady, the latter is then at liberty to question him more specifically, if he finds he is not yet sufficiently informed on the subject.

When the examination is ended and the patient has told all that he has observed about himself, only a Dr. knows how much may still remain to be told or need clearing up and it is only by careful close questioning that any further information can be elicited, much depending on having the minute details, the smallest symptoms in chronic cases especially, when they are the most difficult to discover because patients have had them for so long a time that they come to think they have nothing to do with the present trouble, so they do not mention them; these the Dr. must question for. The selection of a remedy hangs by a small thread sometimes and however burdensome and time taking it is you must go on questioning until you have all the minutest details. Form your questions in the simplest, plainest language especially to a stupid ignorant patient and ask no questions that can be answered by "yes" or "no." Hahnemann here offered a long list of ques-

tions to further clear up a case, to which many others might be added, as one of these general questions leads up to others, each one made up of a great many more. There are Dr's. whose ideas are correct, and who are willing to follow in the right way, know how, yet for whom time is lacking to spend in questioning so closely. This is unfortunate for them and will lead them into mistakes, the beginning of failure and keynote prescribing. The questions are clear enough to understand and follow, yet I will go over a few of them, perhaps a little more fully. To "how often do you have an evacuation from the bowels?" the patient answers, once a week or maybe every other day; you want to know the color, consistency, odor, size of stool, effort in passing, pain before, during or after; where the pain, might be in any part of the body, find the exact location and precise character of it, whether sharp, dull, shooting, the direction it takes; if hemorrhoid, protrude, bleed at start or at other times also, what kind of pain in them, if itching when warm in bed, color of the blood, dark or bright red. If diarrhœa, perhaps a whitish discharge; then you want to know if it is mucus or fecal matter, how evacuated, involuntary, gushing, painless or with great pain, straining and scant. Is the pain relieved after stool or does it continue only to be more violent during each passage? Is the stool dysenteric, bloody, mucus, watery, how often, every few minutes? Vomiting; the nature of it, food, water, bile, blood, before, during, immediately after or sometime after eating or drinking, from cold or warm water. A. M. before breakfast, relieved by eating, taste, is it foul, bitter, sour, of food as eaten, at what time of day is the bad taste most perceptible, a. m on rising, or during night? Eructations; what taste, the exact time they occur, if at regular hours every day, before going to sleep, lasting how long at a time; if awakened at night with them, before or after mid-night; in a. m. on awaking, are they loud, noisy, tumbling or quiet; cause burning in throat or not; what particular food gives rise to them; are they brought on by exertion, anger, very warm room—Urine; is is turbid while passing or after standing in vessel? find out what color the urine has just after passing, whether frothy, dark like beer, like strong tea with milk, pale and clear like water, red, bloody, odor. Sediment; the color and character of it, like red pepper, brown, white, mealy or a white sandy deposit, which adheres perhaps and has to be scrubbed or scoured off. What sensations before, during and after urination? Straining,

at what time of the act, where the pain while passing it? Excoriating or not. Sleep, light or profound; all symp<night than during day, does he whine, groan, laugh, cry out in sleep,<restless, start, toss and turn, kick covers off, can't bear covers moved the slightest or get chilled? Is sleep disturbed before or after midnight? does it take long to get to sleep or is there none till 3 a. m., or a waking regularly at same hour? Dreaming, what the character? vivid, frightful or pleasant; of what does he dream? has he nightmare? how does he feel on awaking, more tired than the evening, before, awake in night, hungry<or with various symptoms and so on>it is enough to show that you must not be satisfied with general answers and general symptoms, you want the particulars also. Don't get into the habit of asking direct questions the easiest thing to get into and the hardest to get out of, watch yourself, be alert to discover the slightest tendency that way in yourself.

Dr. Gladwin:—Speaking of taking the case, we had a visitor in clinic one day from somewhere in the West, and after everything was all over, the only remark he had to make about it was “I am very much pleased with the way you take your cases, I notice you do not ask questions, but you let the patients tell their symptoms.” I think the man had something in him.

President:—It is very true. I think the majority of the patients have enough sense to see the difference between the way we question and those who ask direct questions and half examine the case.

Dr. Loos:—I remember a patient who came in during the winter, to the clinic and said she had been accustomed always to go to a homœopathic physician, and yet when she had to answer so many questions, was surprised. I think it showed that many physicians do neglect these very points that have been gone over to-night.

Dr. Kent:—One of the greatest means of gaining the confidence of an old school patient, is the true homœopathic examination. When we have gone all through, and if it is a long case, and they observe several sheets of paper fully written over with their symptoms, they are somewhat astonished that they have said so much, and it most naturally comes to them that though they have had homœopathic physicians, never before has their case been put on paper, and it gives them respect and confidence. Many a time have I had patients give me the strongest express-

ion of confidence that they feel there is something going to be done, because of the care with which I have put them on paper. I can often tell by the routine way in which the patient tells the story that she has been in the habit of going to a homœopath, and then only a sort of one, because she expects to be asked if she has a pain in her back at 4 o'clock in the afternoon>by urination. Of course there are some physicians who prescribe in that way, who give a dose of *Lycopodium* for pain in the back at 4 o'clock in the afternoon,> by urination. When a patient volunteers a few key notes in clear, well-cut terms, I know he has been to some very ordinary homœopath. You will be able to recognize them at times, key note prescribers. If the details of Hahnemann's examination be carefully carried out, the key note system is out of order, it does not feed cut and dried symptoms. If the patient can discover that the physician wants to know by any process of direct examinations, he is quite ready to supply him with just exactly what he wants him to have, and if you do not think it is possible for patients to do that, think about it in your mind and you will find it is the easiest thing in the world, no matter how guarded we are, to fall into that habit. I have frequently observed when having my eyes examined, and finding out what the oculist expected me to have, I probably had it. I put myself in my patient's place, and hence I see the tendency in a patient to undertake to discover what he is wanted to have. I find in my examination that it is necessary to keep my mind off the remedy; to keep my mind away from the remedy that the first few symptoms remind me of. To simply question the patient thoroughly, have no medicines in mind, never examine the patient toward a remedy, or never lead a patient on the line of a remedy, but make your examination with an unbiased mind. Do not have *Nux* in mind; do not have *Rhus* in mind; it is a strong tendency, and we all have to guard against it, as well as against asking direct questions. You show me a physician who persists in asking direct questions and it is only a matter of time before he will go to the dogs. You have only to examine yourself; go to an oculist, as I did, and try to anticipate what he wants, and undertake to supply him. Undertake to furnish in cut and dried symptoms, any symptoms that he has thought about; for that reason I sometimes have a great deal of trouble in examining a physician. Very often he has forgotten the most important symptoms of his case. Always feel I would rather ex-

amine anybody than a physician. I often have to go through a great series of cross examinations for the purpose of confusing the patients from what I am expecting, to get them away from the cut and dried complaint in their mind that they expect to report. For the reason that they know the purport of symptoms. A physician when consulting another physician should be really a blank in his own mind. Man's sensations are simply wonderful, and they assume all sorts of shapes and dimensions.

President:—From what Dr. Kent has said I should judge that patients are about as apt to fall into a routine way of telling their symptoms as doctors are to prescribe in a routine way, that is where they have been under mongrel physicians.

Dr. Hinds:—Does a mongrel physician keep a record of his cases? I have never known any yet who kept a record.

Dr. Kent:—He does not keep a record as we do.

Dr. Hinds.—I have found patients who say "I think you do me a great deal of good by writing down everything in my case."

Dr. Gladwin:—A colored woman came into the clinic one day because her friend told her we paid just as much attention to colored folks, as we did to white folks.

Dr. Hinds.—The greatest trouble I find is to get patients to describe the character of their pains. If you ask them a direct question, they always say, "yes." As Dr. Kent says, they anticipate what you want and try to help you out.

Dr. Medley:—The only trouble that I have in getting a case is with a man who has a bad pain. He gets wild, he wants something for the pain.

Dr. Gladwin:—There is not so much to be gathered from the character of a pain, the direction of the pain, and the circumstances of the pain; it is the aggravation and amelioration. A pain in the abstract is sometimes hard to describe as to character, but almost anyone will have some idea how the pain is affected by lying down, and how affected by moving about, and how affected by something hot being applied, and how the pain is affected by being out in the cool air, or by the hot sun, or by the hot stove, and these things are of more importance than the quality of the pain itself. A good many patients in expressing the quality of the pain will try to describe it in its awfulness, and it is either awfully awful, or not quite so awful. Hence, we have an undecided state of mind, but these modalities almost anyone

can tell the doctor about, and they are not likely to lie about that, if they do not know anything about what you want.

Dr. Park:—I think patients often give us better symptoms at the second or third week's questioning than they do on the first day, when they have learned our methods. They often go back home and think over it quietly and they then give us better symptoms than they can at first.

Dr. Kent:—That is always true. There are two things, the physician becomes acquainted with the patient, and the patient becomes acquainted with the physician.

President:—I have understood that the degree of intensity of a pain should not make us give it more weight in making up the totality of the symptoms. But I do not understand about the intensity of modalities, whether that should ever make us give it more weight. If the same rule would apply there? Now, we have patients who are decidedly <from any cold or>from any warm atmosphere and there are others that are affected in a lesser degree, to the degree where there is no difference. I should like to hear from some of the members on that point. What should you say Dr. Kent?

Dr. Kent:—There are all sorts of degrees in modalities.

President:—Should the intensity of a modality ever influence our estimation of it as a symptom?

Dr. Kent:—That is a sliding scale.

Dr. Gladwin:—We have a patient here that has everything intense.

President:—We find in the remedies that some drugs have modalities more intense than others.

Dr. Medley:—I know of such a patient as that and she is not susceptible to pain at all, but anything that she has, or that anybody else has, is "something terrible."

President:—We may have a patient who has a headache, and she says it is decidedly < from motion and you ask her how cold applications affect it and you may find they ease it just a slight degree, or they may make it < in a slight degree, and yet it is decidedly < from motion or some other circumstance.

Dr. Kent:—Well, those modalities that are more intense are more important than those that are less so.

Dr. Loos:—Are not those degrees you speak of, to be compared to the mode of making degrees in Boënnighausen's repertory?

President:—Any other remarks?

Dr. Gladwin read an excellent paper on *Materia Medica*, *Calcareo Sulphurica* being the remedy. (See P. 97, Vol. XXXIV, Medical Advance.)

Dr. Tobey:—I should like to say that I think Dr. Gladwin makes some most excellent marriages.

Dr. Kent:—She ought to start a matrimonial bureau. I think she should write a book on the matrimony of the *Materia Medica*. Why did not you tell us about the croup? Did not the baby have the croup?

Dr. Gladwin:—No, the baby did not have croup. We have a patient downstairs on *Calcareo Sulphurica* for several days, a sort of do-nothing croup. It very often gets < in the evening and > as it goes into the night and sometimes it is < again next morning; but it continues, it goes on for several days, and everybody begin to worry about it and thus when it is going into diphtheria, when it is going into a diphtheritic larynx and the child wants to be in a cool room, wants the covers off, is stupid, is sleepy, wants to be uncovered and cool. Now, the sole difference between *Calcareo Sulphurica* and *Hepar* is that the *Hepar* patient wants to be covered, he wants the room hot, cannot put a hand out from under the bed clothes without he will cough and droop, but the *Calcareo Sulphurica* patient wants to be uncovered. It has rattling in the chest, rattling cough with a croupy sound. Rasping cough with some hoarseness; the hoarse cough is more like *Kali Chlor*. A rattling cough in the chest without any hoarseness and no expectoration is very often caused by *Kali Sulphurica*. These are little distinctions that ought to have been invited to the marriage feast.

President:—I would like to ask, if when *Spongia* is apparently indicated in cases of croup and does not act if *Calcareo Sulphurica* follows well?

Dr. Kent:—There would be no quarrel between those medicines. They are not likely, Dr., to mix up. I would not think of the one where I would of the other. They are not likely to go together.

President:—I should judge from the remedies that you would never find it following *Hepar*.

Dr. Kent:—No, they are two different conditions. One wants the cool, and the other wants heat.

Dr. Gladwin:—If you should make a mistake and prescribe *Hepar* and then see *Calcareo Sulphurica*.

Dr. Kent:—Oh! turn right round and give the other one. Because your *Hepar* will not act. It will not act in a patient that wants to be cool and covered. If the patient coughs from putting the hand out from under the bed clothes, do not forget that.

President:—In these very acute affections like croup, are remedies likely to act inimically, as they would in other conditions that are less rapid?

Dr. Kent:—Yes. If you have mixed your cases up and have given *Phosphorus* and next day you find that you ought to have given *Causticum*. If the case is similar enough for *Phosphorus* to make a fuss, these remedies are similar enough to spoil the case. You sometimes might make a mistake between *Apis* and *Phosphorus*. You have given *Phosphorus* in a case of erysipelas, and next day you go there and find out you have made a bungle, and find the patient is in the heat.

President:—I had a case this winter where I thought *Apis* symptoms were indicated. I gave *Apis* (the patient's chronic was *Natrum Mur.*) the next day I went there and the patient's symptoms looked like *Phosphorus* then I was in a fix. I did nothing but give *Sac. Lac.* and the *Apis* went on and did the work all right.

Dr. Kent:—But that is a different thing. Because if you give a remedy and the symptoms may have gone to the other extreme. Yesterday I may have been a hot patient, to-day I may be a cold patient. The remedy may have aggravated that symptom and it may have gone to the other extreme. If you let him alone he will come back again. Now, if you should say I ought to have given *Phosphorus* yesterday, you had better be very careful about giving *Rhus* or you may not be able to read your symptoms at all.

President:—I will call up another question. Supposing that we may have given *Apis* in an acute case and it has carried that case through; in a week from the time that the patient has recovered from that sickness, another acute sickness comes on and seems to call for *Rhus*. Are we to give *Rhus*. then? I do not know that such cases ever occur.

Dr. Kent:—My experience does not run to such a case. I will wait until it comes and then I will tell you. It could depend upon a good many things.

Dr. Park:—In a case where *Apis* had been given and *Rhus*. should have been given, then would you give *Rhus*?

Dr. Kent:—The *Apis* would have to be antidoted first. I would not be in too great a hurry because you might get the patient into a condition than he already has. If I had made two or three blunders on a patient, I would trust to the patient's vitality to get out of the scrape.

Dr. Tobey gave an interesting paper on Clinical Medicine.

M. R. D. Age 35.

1892.

Nov. 10.

Widower three years. Train dispatcher: worked nights. Smoked a pipe all night while at work.

Blonde, fair hair, grey eyes; short, heavy build.

Stomach trouble was what he wanted to be cured of and to be given something that he might sleep better days. Stomach trouble was of years standing; his allopathic doctors were unable to give any relief; his father and brother were both old school doctors and had given him many remedies in large doses.

Stomach troubled at most unexpected times; would feel quite well for some days, then would be seized with cramps, violent pains with vomiting. I never saw him in one of these attacks as his home was in another city, neither could I get any more symptoms from him about these attacks.

Sleep was restless and of short duration; would waken at 5 p. m. and that ended his sleep. What worried him was, on first lying down electric shocks with the regularity of clock work would go from the stomach to the head, striking the top of the head with a dull thud, with the space of about a second between each shock; this condition would last some ten minutes each night and would not trouble him again until the next night when first lying down to sleep; this condition had lasted some months.

When he came to me for treatment his face was pale, mouth drawn, as if nauseated; cold sweat on forehead; desire for ice cold milk; just as he was about to leave the room he turned with an apologetic look and asked if he might stay until train time and added, "as I don't like to be alone."

I was attending lectures in the St. Louis College at this time and it took me a week to study out the remedy.

Ars.^{cm} was given; the second night after taking the remedy the electric shocks ceased and have never returned; in a week, said he was a new man.

Last summer he came to Philadelphia with the following symptoms:

1895.

Aug. 26.

Dizzy; walk; feeling that may pitch forward, back or sideways.

Takes a Sedlitz powder to>

Stooping<

Rising suddenly<

Headache; waken with pain across forehead.

After up half an hour >and by a cup of coffee.

Some pain there all the time.

Hard pains, sometimes in back of head. Tight, >getting up and stirring around.

Cigar makes him sick all the time, but insists on smoking. Smokes, then lies on back, is sick as death; gets up on feet and is all right.

Brain occupied forgets sickness, headache and all.

Sleep, easily wakened. About five hours, then toss and dose; thirty minutes sleep and thirty minutes awake for another three hours; then rises.

Best on right side.

Day—dream; operator. While two letters on wire were being made had a whole dream.

Hearing very keen.

Eyes get watery if takes a cold and is in perfect misery over top of nose.

Head don't feel good.

Shaking head makes it ache.

Over-heated, head throbs on top.

Sense of space between brain and skull on top of head.

Memory unusually keen. Worries about condition of head.

Ears tickle if take a little cold; tickling.

Hair been falling out.

Eyes smart, water a little matter in corner of left eye.

Breath bad.

Stomach feels as though sand in it; after eating<
 Feels as though had swallowed saw dust; a grating sensation; very disagreeable.
 Takes a glass of hot water, it burns in stomach for a minute, then feels relieved for half hour; takes another glass if not >and the second glass>; then takes Hall's catarrh remedy—headache powder,
 Appetite poor; dislikes fat, sweets. Desires more food at meals but fears to overload stomach. Desires iced milk, coffee, iced tea. Capricious.
 Thirst for ice water, quantity, often, when at work.
 Bowels regular.
 Urine on being voided foams.
 Inharmonious sound are intensely<
 Ringing sound in head.
 Rehearse the day's doings.
 Brain always busy.
 Orchestra on R. R. train in head.
 Puffing of an engine puts it to a tune.

Aug. 26.

Con.⁷⁰_m. In two weeks reports cured.

President:—These cases are very interesting to me, particularly the last case. Did you say that he worked at night?

Dr. Tobey:—Yes, he works all night, goes on duty at 7 p. m.

President:—The question often come up in my mind in regard to these patients that work all night and sleep in the day time regarding their hours of<. Whether we are to take into consideration the fact of their sleeping in the day time, or not. I would like to hear in regard to that. What is your experience Dr. Medley.

Dr. Medley:—I do not think much about that, Dr. I do not pay any attention to it, except they have loss of rest and cannot sleep.

President:—What have you to say, Dr. Kent?

Dr. Kent:—Oh! you will only be deprived of getting certain symptoms that might be present. If it is necessary for the individual to lie down at eleven o'clock p. m. to get symptoms, and if he does not lie down, you do not get the symptoms. You have to depend upon what symptoms you get, and not what you do not get.

President:—What I meant is, would you consider his time of

waking the same as the morning of the man who sleeps at night?

Dr. Kent:—In other words, would you mean to say that because *Mercurius* has bone pains—at night, if he does not sleep at night he will not get those bone pains?

President:—Yes, something on that order.

Dr. Kent:—Well, *Mercurius* will bring on those symptoms, no matter where he is.

Dr. Gladwin:—What about that symptom, — on waking in the morning?

Dr. Kent:—You must prescribe on such as you have. If it be a symptom of back, complaint on first going to sleep, it does not make any difference where he is. He will get it whenever he goes to sleep. I do not think that we very often have much of any trouble from such a revenue of circumstances.

President:—I have never had any such patients in private practice but I have had some in the clinic and it has somewhat confused me regarding the time of — and —.

Dr. Kent:—I move that the Secretary be instructed to request all delinquent members to show cause why they should not be dropped from the roll. That is, those who have not been present for one year.

Motion, seconded and carried.

President:—I have a suggestion to make, that might come under new business. Often during the month there are questions that come up to mind, that I am unable to answer myself, and, I have no doubt that is so with other members of the Society, and I would suggest that such questions be made a note of and presented before the Society. And that some discussion upon them take place, or that they be answered. Would anyone like to make that a motion?

Dr. Kent:—That is really now an order of business, under “cases for advice.” It was for that purpose.

A ballot of membership was cast in favor of Dr. Amelia Hess Julia C. Loos and Dr. Helen B. Carpenter.

The essayists for the April meeting were appointed as follows:

Clinical Medicines; Dr. Ironside.

Materia Medica; Dr. Park.

Organon 89; Dr. Carpenter.

The meeting then adjourned.

S. MARY IVES,
Secretary.

Obstetrics.

AGAINST ROUTINE PRESCRIPTIONS FOR "EASY LABOR"

EDWARD CRANCH, M. D., ERIE PA.

Among aboriginal tribes, among the mystic treasures of modern midwives, in the botanic lore of the Eclectics, and, alas, among the *impedimenta* of the "left wing" of our own school, are found certain prescriptions for "easy labor."

Blue and black cohosh, otherwise known as *Caullophyllum thalictroides*, and *Cimicifuga racemosa*, given singly or together, in doses of the infusion, alkaloid, tincture, or 2x dilution, are given once or several times a day for from three to twelve weeks before labor, to all cases alike, and patients learn to look for it, ask for it, and tell one another of doctors who use this routine practice. Theoretically it is bad, for it induces a drug state, is, in short, a "proving" of one or other of the drugs. Now if there is one thing more than another that Homœopathy teaches, it is that the direct action of drugs is to be shunned, except in deliberate provings. Drug action is only a stimulus to diseased life forces, to induce reaction. But as example is often more potent than precept, let us look at a few cases, from days of experimenting.

No. I. Brunette, strong, fourth pregnancy; received *Cimicifuga* 2x, dose on pellets, night and morning, for three weeks before confinement. Had always been reasonably prompt, and was always comfortable at the confinement. Felt pulse pains the whole of the three weeks. Went five or six days beyond her expected limit. When labor set in, child was born with a rush, in less than fifteen minutes. Flow less than normal. Constipation very distressing, severe after-pains. Had to continue treatment for two weeks. Much rheumatic pain about neck and shoulders. Crowding in the stomach. Melancholia. Tonsillitis. Child had much difficulty in crying, voice very hoarse. Navel sore. Bowels did not move for forty-eight hours. Face dusky.

Final complete recovery as effects of *Cimicifuga* passed off. Would the family have been pleased or satisfied if told (as was

the truth) that all these ailments were due to the drug that had produced such inconveniently speedy delivery? The child was born while the sole attendant was in a neighboring store, telephoning for the doctor.

No. II. Blonde, large and fleshy, third pregnancy. Had lost two children in former confinements, and dreaded this one. Was deemed a lawful case for experiment, and received same as No. I. Had false pains for nearly a month; went a week or more beyond her calculation.

Waters broke and labor seemed to begin on Tuesday night. No progress; Wednesday afternoon waters had all drained off, and pains were almost *nil*. Palpitation seemed to distinguish twins, but the event showed that it was only a wide-spread single child. Early Thursday morning pains picked up, and a perfectly natural delivery followed, with very little trouble afterwards, and a healthy child. Evidently the drug confused the case, and protracted instead of shortening labor, for position, size, and all else were normal, only the contractions were irregular and dilitory.

It is not necessary to detail more cases. Some twelve or more were tested, with no marked trouble, and generally with easy labor, except when mechanical conditions rendered instrumental interference necessary. The following undesirable symptoms of *Cimicifuga* were elicited in one or more cases for each symptom: Melancholy. Irritability. Dusky face. Weakness. Nausea and retching. False pains. After-pains. Irritable bladder. Scanty lochia. Increase of uric acid (gravel in children). Rigidity of os uteri. Dry cough. Rheumatic pains especially in head and neck. Severe pains in arms and forearms.

Caullophyllum was not experimented with. One patient received *Pulsatilla* 200 for several days before labor in fourth confinement. The pains were retarded and weak, long intervals between. After-birth retained over an hour. No hæmorrhage. Greenish nasal catarrh, and later suppression of urine (not retention).

The conclusion to be drawn is, that it is never wise to prescribe except on plain indication. If any disease is present, let it be treated with just as little medicine as possible, for drug diseases make other treatment difficult, if not impossible.

In twenty-four years' experiment I have never seen any anæsthetics used without more or less concealed, often very danger-

ous hæmorrhage; also, in many cases severe, even fatal, lymphangitis and phlebitis, apparently due solely to the relaxed state of the system and of the mouths of the vessels from the anæsthesia.

MIND AND DISPOSITION DURING PARTURITION.*

J. N. LOWE, M. D., MILFORD, N. J.

Labor Pains.

With sadness: Ignat.

Very sad, with forbodings: Na. mur.

Fears she will not be delivered, but die; that something will go wrong: Acon.

Distressed: Gels., Ipec., Secale.

A disagreeable sensation strikes through her, arresting all her thoughts; as if something might occur: Asar.

Anguish with tremor: Nat. carb.

Make her desperate, would like to jump out of the window, dash herself down: Aurum.

Most in back, after grief: Causticum.

Spiteful, fretful, peevish, cross, cannot return a civil answer: Cham.

Deep sighs, with sadness: Ignat.

Weeping, lamenting, in constant motion: *Lycop.*

Shrieks out sharply, pains distressing, can hardly bear them: wishes to get away from them: Cham.

Distress, moaning, restless with pain: Acon.

Insupportable: Act. rac., Coff.

Parturient women shrink back with fright: Stram.

Fear or fright suppressing them: Opium.

Drive her distracted: Arnica.

Os Uteri Rigid.

Moaning: Acon., Bellad.

Discouraged: Acon.

Fears will not do well: Acon.

Pains too severe to be endured, laments, calls for assistance: Cham. (*vide* Gelsem.)

Fainting.

After sadness and gloom: Lach.

After a fright: Acon., Coffea.

After grief: Ignat.

Read at I. H. A., Watch Hill, 1895.

After spiteful irritability: Cham.

Dreading society and company: Lach.

(Observe also mind symptoms of Nux v., Puls., Verat. alb.)

Puerperal Convulsions.

Preceded by mental excitement and perturbation: Act. rac.

Anxiety, fear of death: Acon.

Mild and tearful: Puls.

Irritable disposition: Nux vom.

Impatience and disposition to anger, excited by anger, spiteful irritability: Cham.

Cries, with fearful visions: Bell.

Looks frightened, shrinks back from first objects seen after opening the eyes; crying, laughter, singing: Stram.

Screams: Causticum.

After Pains.

Distressing, unberable, wishes to get away from herself, irritable, ill-natured: Cham.

Distressing, and acutely felt: Act. rac. Coffea.

Sighing, sadness, despondency: Ignat.

Irritable: Nux vom.

Mild and tearful: Puls.

Uterus slow in returning to its natural size; dreads insanity: Lil. tig.

Retained Placenta.

Anguish and distress: Canthar.

Moaning: Bell.

Mild, yielding disposition, inclined to weep about her pains: Puls.

Lochia.

Fearfulness, afraid something unfortunate will occur: Acon.

Irritable and impatient: Cham.

Suppression of anger: Coloc.

Thinks she is drugged or poisoned: Hyoscy.

Suppressed fear with sighing and sobbing; Ignat.

Suppressed by fright: Opium.

Full of strange and absurd, strongly marked ideas: Stram.

Lochial discharge continues too long, is profuse and excoriating; dreads insanity: Lil. tig.

Pendulous Abdomen.

Everything seems strange and horrible to her: Platin.

(*Vide* mind symptoms of *Sepia*).

Supplementary.

Immoderate laughing: *Apis*.

After confinement, anxiety: *Cuprum*.

Anxious before convulsions following confinement: *Cuprum*.

Anxiety about future and domestic affairs: *Bryonia*.

Predicts the day she is to die: *Acon*.

Over-excitement and over-sensitiveness of all the senses; effects of sudden joy: *Coffea*.

Constipation with itching; dreads insanity: *Lil. tig.*

Diarrhœa; takes a long time to answer a simple question: *Nux mosch*.

Painful hæmorrhoids; dreads insanity: *Lil. tig.*

Painful smarting in urethra after passing urine; dreads insanity: *Lil. tig.*

Spasmodic pain in chest, coming up from the small of the back into region of stomach and chest, causing dyspnœa and anxiety: *Lycop*.

Pain in the back and hips; dreads insanity: *Lil. tig.*

After confinement melancholy: *Bell*.

Does not want to go anywhere, not even to church since her confinement: *Angelica officinalis*.

Incidents for Study.

Six weeks after confinement, violent fever: *Nat. Sulph*.

Sepis—Study the characteristic effects of *Pyrogen*, *Lach.*, etc., to find the true simillimum.

High pulse with nearly natural temperature: *Pyrogen*.

Pulse as low as 46 per minute, or as high as 160: *Cannabis Ind*.

Pulse 160 to 200 per minute: *Chinin. ars*.

RETAINED PLACENTA.

Was called Feb. 4th to attend Mrs. C., who was about four months pregnant and was threatened with miscarriage. The cord was prolapsed, and was dead and black, proof that the child was dead also. As she was not having pains I left medicine with instructions to inform me when pains set in. Did not hear from her until next morning, when her husband called and stated that everything had passed away all right during the night and patient doing well. When questioned about the secundines, he thought they had also passed, as a large mass had come away

which he had disposed of. Of course one can plainly understand this was only a clot. On the 12th he called and said she kept flowing a little all the time. Decided that the placenta had not come away and advised him to keep me informed. Did not hear from the case again until April 6th, when Mr. C. stated that she flowed slightly off and on most of the time, but that she was feeling quite well otherwise and was doing her own house work. Cautioned her to be careful and remain where she could be watched and taken care of in case of necessity. Did not hear from her again until May 25th, when he had me call to see her. She was flowing off and on just sufficient to be necessary to wear a towel all the time. Did not look bad although she complained of feeling weak and tired. The uterus was soft and flabby and the finger could be inserted easily to the inner Os. Felt very despondent. Gave her a bottle of *Pulsatilla*^{1x} in pellets to take every three hours.

June 1st, reported her as feeling much better and not flowing as much. June 5th, improving and feeling stronger. Was called the 8th to see her. Was having regular pains and found the placenta engaged in the Os uteri, when I removed it and patient made fine recovery.

The placenta was sound and not in the least putrid, about as large as a goose egg. It had been retained over four months, or to be more exact, 124 days after delivery.

Query: Did the *Pulsatilla* have anything to do with the throwing of it off? and if so, how long might the placenta have been retained without serious consequences? J. R. S.

Ophthalmology, Otology and Laryngology.

A FEW CONFIRMED CHARACTERISTIC EYE-SYMP- TOMS.

Lac caninum has under its proving, and has repeated cured, in my practice, an eye symptom wherein *the impression of objects are long retained on the retina*, thus showing a condition of marked hyperæsthesia of the delicate, receptive elements of the retinal tissue. The *retention of images* is more marked, where *luminous* in character, or when received in consequence of exposure to the impression of alternate stripe-effects of *dark and light*, as, for instance, the slats of a blind, or, on walking by a picket fence, where the interspaces between the slats rapidly pass each other in quick succession, as one moves. The *acceptance* of the object, previously seen, and *long-retained* before the eyes, is more markedly noticeable perhaps, with the eyelids closed, though *perfectly* so, with the lids both open and shut. This symptom is more marked under *Lac caninum*, than under any other remedy with which I am familiar, and, in fact, it is a symptom that is *rarely* found under any of our already-proven remedies. *Slowness of accommodation*, i. e. in the *adjustment* of the visual ability, so as to accept a clear image of the object looked at, the change in focusing coming about very *slowly*, so that an appreciable length of time is required before the object appears distinctly defined on the retina, is cured by *Lac caninum*, as is also the difficulty encountered, as one changes their gaze from one object to another, at different distances, the adjustment taking place very slowly, the object gradually becoming clearer, however, as one continues to look. These symptoms are marked under *Lac caninum*, as has been frequently verified. Symptoms of paresis of the ciliary muscle are markedly prominent under the influence of *Lac caninum*, and where the remaining symptoms accord with its proving, emphasis is given to it, as a choice. A case of marked, accommodative paresis, in a young person, where spherical glasses of plus 1.50, Dioptrics was needed to permit the use of the eyes, at the natural reading distance, was cured by *Lac caninum*^{cm}, so that the ability in reading, at the normal distance, was rapidly and fully restored, and the glasses were dis-

pensed with as unnecessary, in a short time after the first dose was given. *Tabacum* has under its proving "*Retinal images retained,*" the truth of which I have also confirmed. *Tabacum* has also weakness of the *accommodative ability*, especially so on use of the eyes by artificial light. This latter state seems to be due to the result of a toxic influence from the continued use of tobacco, and is much aggravated by stimuli, though tobacco, in its influence otherwise, is a partial antidote to that of alcoholic spirits in the system. *Alumina* has a retention of light before the eyes on closing them, but *not* of images.

Spigelia has a "sea of fire before the eyes on shutting them," especially noticeable in excessive tea drinkers. *Natrum muriaticum* has too long retention of retinal images, with the eyes *open*.

Anantherum muraticum has an annoying retention of images on the retina, associated with great photophobia. Pupils are sometimes dilated, and sometimes contracted, and one has to nip and wink the eyes, in order to distinguish objects. I believe the above list of remedies are the only ones, so far as I know, that have, under their proving, this peculiar condition of hyperæsthesia of the sensitive, receptive elements of the retina, wherein images, previously seen, are retained there. It is a peculiarly trying condition, and one often of serious moment, so far as the welfare of the visual ability is concerned. It goes without the saying, to the homœopathic student, that the *picture*, or *totality*, of the symptoms must entirely co-incide with that of the proving of the remedy, else we must expect uncertainty, and often failure, if we confine the choice of a remedy to such insecure ground as that of *one* or two symptoms alone. Prescribing even from such a piece-meal source as a reportory is not only unsatisfactory and inexact, but it does not afford sufficient data upon which to stand for the choice of a remedy, hence, in the search for the *Similimum*, the concomitant condition and peculiarities as they exist, associated with aggravation and amelioration, must be considered of the utmost importance in our study of the drug-proving, that a *complete*, instead of an imperfect picture of the symptoms of the disease may be found in our *Materia Medica*, in order to decide concerning the choice of *the* remedy. This underlying law, for the selection of *a* remedy, is indeed as important for application in the treatment of eye diseases, as for any other condition of ill health. The eye is certainly not an extraneous member, separated in association from the orderly welfare of the individual,

as we have often a right to believe it is, frequently, so considered, judging from the methods of "cure," as applied by some oculists and physicians; but, rather, it is very much a *part* of the person possessing it, being no more nor less an integral portion than any other part; entirely dependent for its welfare upon the harmonious relationship of *all* the forces of the entire organic structure together, in nutrition, assimilation, appropriation, etc., etc.; hence, when dissociation prevails, it becomes our duty to assist in directing these disorderly processes into that of order, that each and all portions of the system may amicably arrange and divide the responsibility, thus bringing order out of confusion, and health out of disease, as is usually permitted us, in the application of the wonderful *Similimum*. Eyes are often treated in a routine way, by a stereotyped, topical application of drugs, as if the eye was a foreign body, and had as little relationship to the *individual* organism, as a wax eye hung upon the wall, or, as if it might belong to anyone or anything, instead of to the person of whom it is a component part, and entirely dependent upon his welfare for its orderly being. Homœopaths should not forget the fact, as we are sometimes prone to do, I think, in these days of "specific," routine "medicine," that *molecular disarrangements within* have always been the *cause* of disease, and *are* as much so today as they ever were, will, or can be, notwithstanding the microbe and bacteriological scare, that is upon us. The idea of the *nature* of disease, as implied by those who use *material* doses internally, or in topical application, would seem as if it was believed to be due to some horrible will, or to a certain, terrible something that had taken possession of the system, much as if it had been tenanted by a wild beast, and then let loose upon a civilized community, with which, of course, harsh means must be employed for its expulsion. No greater, or more irrational mistake was ever entertained; the proof of which is fully established in the application of our gentle, kindly, effective law of *Similia, Similibus, Curantur*, by those who carefully and honestly apply its teachings; its curative offices having been thoroughly substantiated, and proven beyond the slightest possibility of dispute, as the underlying principle and law for the correction of disorganized processes in the system, that we *call* disease, its restorative influences are not only kindly, rapid and gentle, but enduring, and, when the *law of cure* is rightly applied, will always so be found, while men and time last. DR. FRED'K WILLIAM PAYNE.

People's Department.

SMALL INVESTMENT—LARGE PROFIT.

T. H. HUDSON.

Whether or not we shall ever be arraigned before a tribunal higher than our own consciences for the sin of omission hereinafter mentioned, is a question to be determined by the future.

The sin to which reference is made is that of keeping our light concealed. In scripture phraseology this lighting of a candle and putting it "under a bushel."

In America,—this "land of the free" the truth as represented by our law of healing, untrammelled and unfettered as it is, is making marvellous progress. The eyes of our brethren of the Old World are upon us. Their hope is in us, and "from these hills cometh their help."

Handicapped and hampered as they are by unjust legislation the progress of Homœopathy is comparatively slow. It is here in this free land that the Truth can "run and rejoice." Here that light can shine unobstructedly. Here that advantages are offered, and opportunities afforded for the widest circulation of the gospel of healing which we preach.

If it fails to convert America, and through America the world, there are none to blame but our own dear selves.

True we have some obstacles to surmount, some difficulties to overcome, but they are insignificant. The spirit of our institutions will never permit despotism and the liberty loving people on our side of the ocean would never submit to legislation that would interfere with or even menace the rights, lights or benefits arising from an institution the purpose, design and accomplishment of which is the relief of pain, the amelioration of suffering and the cure of disease. Even among our enemies, the petty tyrants who would oppress us by the environment of invidious enactments, although a numerical majority, are in a hopeless minority as to position and influence. Put to the test the great souled, large hearted, big brained brethren of the old school would champion our cause with the cry of liberty on their lips. From this quarter then we have nothing to fear.

The constitution of our country guarantees us our rights. Our

cause is just, our mission merciful, our intentions good, our law divine and our application of it as good, let us hope, as human understanding can make it. Now then! since our enemies are prudent and powerless, our friends faithful and fearless, with the storm behind, smooth seas before, the sun in the heavens and hope in our hearts, what doth hinder us going from conquest to conquest, from victory unto victory, and from grace to glory? Again let me say—if we fail, the fault is ours.

It is not the purpose of this paper to eulogize Homœopathy. God knows that I love it. You know that my love is loyal and true. I know it to be my “meat and drink, my joy and my song.” Those who have tested it, can testify that Homœopathy is a gentle power, mighty for good, incapable of harm, bringing relief to the suffering, hope to the afflicted, joy to the sorrowful, health to the diseased. I need not say what we all so well know, that it not only shortens the course, but often aborts disease, circumscribes and relieves pain, and rescues from death. Nor need I urge upon you its claims of economy, pleasantness, simplicity, safety and directness. All this and more, much more, all the initiated know full well. Nor is it my purpose here and now to talk of potencies high or low, dilutions 1x or C. M., crudities or absurdities, moonshine or mother tincture. Nor am I here to find fault with the high dilutionist, if he prescribes according to law, nor the low dilutionist if *similia* be his guide, but I do say and I do insist that notwithstanding all that we have accomplished there is a world full of work yet to do.

If we believe that homœopathy possesses advantages over other systems of healing it is our privilege as exponents of that system to publish to the world our reasons for so doing. If we believe that it aborts disease or shortens the duration of illness or renders the lives of hopeless invalids less intolerable or makes humanity happier to any extent or in any degree; then it is not only a privilege but a duty to make our discovery known as widely as possible.

This does not mean the advertisement of any man or men, but the publication and vindication of a principle. This is not only perfectly legitimate, but absolutely right.

As humanitarians—which all doctors of medicine are, or ought to be—the neglect of any means for the amelioration of suffering, the improvement of conditions, or the increased happiness of humanity becomes a sin of omission, the gravity of which can

only be measured by the results of failure to improve our opportunities.

Upon some former occasions I have urged the necessity of getting at this work in a systematic manner.

The plea has met with a response from the great States of Missouri and Kansas. Measured by results, we have reason to rejoice, and yet measured by our capabilities we have done almost nothing. Missouri and Kansas each have committees appointed and both have voted money and measures for carrying this work forward. I hope the readers of the *HAHNEMANNIAN ADVOCATE* will accept a plan endorsed by the States of Missouri and Kansas, or in its wisdom devise better one, and push it forward with the energy which I trust will characterize all its efforts.

It may be well to state in this connection, that so far, the State funds above mentioned have not yet been utilized, and that what has been done in the way of publication has been done by private contributions of physicians of this city, with the exception of a contribution by one layman, who holds the honorable position, and who honors the position, of President of our College Board of Curators.

It is also perhaps well to state that the plan proposed by these States was favorably considered by the American Institute at the Denver meeting, at which meeting a national committee was appointed to co-operate with the Missouri committee—the Kansas committee having been subsequently appointed.

At the last meeting of the American Institute the chairman of the National Committee being absent, and the committee's report having by some means miscarried, there could of course be no action taken.

If the plan already inaugurated should (in the judgment of this body) be defective, a wiser and better one would doubtless meet the approval of all who are interested.

My only contention is that by some means, any means, all means, the people should be enlightened. Not a few of the people, but the mass of people, rich people, poor people, high people, low people, common people, *All the People*.

Why, I should be happy to send a gospel of healing to hell if it was good for burns, and I have more friends here than there—at least I hope I have. But as we are not especially concerned about that country yet; I believe it advisable now, to do the best we can for this.

As Homœopathic physicians we are doing the world a deal of good. As teachers of Homœopathy, I believe we can do a deal more.

Nations have grown great by the use of one of two implements—the sword or the pen. This is not the occasion for unsheathing the sword. This is an occasion for and a time of peace. Ours is a peaceful mission. We are lamb-like in our peacefulness. Our enemy is abroad like a roaring lion. This is a time when the lion and the lamb might lie down together. The lamb inside the lion of course, as usual.

In these peaceful times when the sword would be inappropriate, the pen can be made to serve an excellent purpose.

We cannot with drawn swords compel our countrymen to choose between death and homœopathy. They sometimes do, though by no compulsion of ours. But with facile pen we can weave into the very warp and woof of existence a truth that will make living a luxury and life as sweet as a dream of love. Give humanity physical health and suicide will be known only in history, divorce be attributable to but one cause—cussedness—and insane asylums become homes for the aged, and school houses for children.

We must *write*, we must *write*. *We must write* for the people according to their understanding, their intelligence, their capacity; plainly, candidly, truthfully; for their entertainment, their diversion, their education; so that they will read, enjoy, and appreciate, if we would impress upon our own and the rising generation the difference between poison and medicine. What made New England great? What enabled New England to dominate America? Camp Clark of Missouri says "Because New England wrote books. Because while Clay, Calhoun and Webster with matchless eloquence were holding listening senates spellbound and breathless, the school-masters up in New England were writing histories of America. To them New England was America, and America was New England. Every love scrape and escapade in the New England hills was made the basis of a novel, and Harriet Beecher Stowe in *Uncle Tom's Cabin*—albeit a New England cabin—was a mightier factor in the Civil War than President Lincoln and his Cabinet, or General Grant and his staff. Clay, Calhoun and Webster are dead, and memories of them dying; but the Yankee schoolmaster's history of America

is American history today, and although he too is dead his books are read by each rising generation of our countrymen.

The singer is silent but the song still sung
Through all the land by every tongue.

As wise men it behooves us to heed the lesson.

A fool in his folly proficient,
To whom no advice is efficient,
Will follow his folly to Hell!
"A hint to the wise is sufficient,"
May wisdom be never deficient,
Nor Folly with Wisdom dwell.

The same sun for all men rises,
The same God for all devises
The same means for all to do well,
And a hint to the wise suffices;
Leave fools to their own devices,
Let Wisdom with wise men dwell.

If it is a part of wisdom to adopt the policy and pursue the plan already begun by the two states mentioned, I hope this convention will contribute its hearty endorsement and support.

If there is a better plan I hope it may be clearly defined and unanimously adopted.

There are men for every purpose under Heaven. There are persons whose inclination or adaptability, or genius for certain kinds of work leads them along special lines to success. There are teachers for every class. Teachers of teachers, teachers of bright pupils, teachers of dull pupils. The success of the teacher depends upon his genius for the work. The failures in life are due to mistakes in the selection of life's work. It is the old story of the square pegs attempting to fit the round holes, and the round pegs trying to fill in the corners of the square holes. The cause of failure is not indolence, it is lack of adaptability. It is an unfortunate choice of vocation. There are no lazy men. The laziest man and the most slovenly farmer that I ever saw was the best coon hunter. He chose the wrong business. He lacked the genius of a farmer; he ought to have been a trapper. He lived in the wrong place. If he had lived in a country where coons and fur-bearing varmints abounded, he would have been a John Jacob Astor. His house has rotted down and he has moved into a barn. The farm has gone to weeds and the weeds to seed. He has grown old and coons have become scarce, but he still hunts by night and sleeps by day. His failure in life is

not due to lack of energy but to an attempt to force energy in a wrong direction.

There is work for us all. There is need of instruction in all departments. Proper instruction demands suitable teachers. Some are adapted to the scholarly heights. Others should stick to the alphabet. I am not an aspirant for a high place, but I want a big class. I want to teach the alphabet of Homœopathy to the common herd, and I want help. Will you help?

"There's a cry from Macedonia. Come and help us." If you don't now, we'll try it again, and again, and again. We'll agitate and agitate and agitate.

There is an old "camp meetin'" song that says "I'm a gwine to be a Methodist, a Methodist, a Methodist, 'til I die." We'll write a parody to suit ourselves and make it sing, "I'm gwine to be an agitator, agitator, agitator till I die, and you must all jine in the chorus or give a reason why."

I hope that we may be able to agitate discretely, wisely and effectively.

WHY I BECAME A HOMŒOPATH.

(With this number, correspondence between two medical students whose predilections had led them to select an old school college as the institution from which they were to get such knowledge as would enable them to become healer's of the sick.

The circumstances by means of which they were led to change their minds, with the discussion of the same will prove not only interesting reading for the profession but valuable matter to be put into the hands of the laity.—EDITOR.)

LOUISVILLE, KY., OCT., 15, 1872.

Dear John:—I am here at last, hard at work with a boundless prospect of plenty to do. If I am at any time idle, it will be from choice and not of necessity.

I am admirably located within easy walking distance of the college, and happily one of the college professors rooms here. Fortunately too, he seems possessed of an inexhaustible fund of knowledge, which he is willing to impart. His fund needs to be exhaustless for there are three of us students here, and upon every reasonable opportunity we gather about him and ply him with questions. One tackles him on anatomy, another one chemistry, another on theory and practice. He never gets impatient with our ignorance, though some of our questions sound very

silly after they have been answered. I suppose however this would have applied with equal force to the questions of Solomon had he asked any.

There are only two or three drawbacks to my perfect enjoyment.

First and worst, I miss you, my "chummy." If I had known in time that your plans would be frustrated, and your coming prevented, I would have waited another year. I didn't know of your bad luck until I had been here several days, and matriculated, bought tickets etc. You know I was in Indiana two weeks before I came to Louisville, and although your letter was forwarded, I was so constantly moving that it did not overtake me until I reached the city.

Confound the old barn. Burning was the best use to which it could have been put, had you only gotten your horses out. And the insurance just expired! Too bad! too bad! But as "Old Jamie said to his brother Dick when his stable was struck by lightening "You'd oughter a had a thunder rod on that barn." Well! well! It ar'nt worth while to grieve after spilt milk! Call the cat!

If I had two loaves, you should have one, but as you know I'm here on a half loaf myself. I have a plan however for next year that will make money enough for two, and if this calamity puts you in the hole, I'll be able to come to the rescue. I don't come here again without you, mind that! Besides I shall have once travelled the road, and as I am doing my level best to locate landmarks, I may be able to guide you through some labyrinths, and make some rough places smooth.

I was sick the second week after my arrival. Don't know whether caused by city water, city smoke, chalk milk, boarding house hash, lack of exercise, or what. Perhaps all together. I'm not homesick, but I'd give a dollar a day to be with you breathing the pure country air, piling up beach and hickory for next winter's fires, turning the sod for next spring's planting,

Or off away by blending light
Of dying day and dusky night
When shadows rove,
And slanting beams of rising moon
That brighter gleams and higher soon
Shines forth above,
Transforming night to milder day
Whose mellow light illumines the way
To those we love.

Ah! John our sweet duets are solos now. So low I cannot hear them. And our sweeter girls, "though lost to sight to memory dear," I leave in your tender care. Play fair! Go not too frequently to Lijah's; and when you go: "go slow." Slowly and reverently in memory of me and mine. Linger not too long, I pray, with gentle Kate. I fear I've seen some trend of thine that way of late: Beware! I know that soul like thine susceptible, can scarce resist such grace, such beauty, and such loveliness, And so again I say, go not too oft, nor tarry there too late, lest some warm feeling thereby fostered, engender coolness twixt thee and thy running mate.

And this again reminds me of another mutual love and loss, in the death of gallant Freddie. Alas that horses so matchless should suffer such painful and ignoble death! Poor Fred! If there is a Heaven for horses he's safe, for as Black Sam said of General Jackson:—"All de debbils in hell could'nt keep him outen Hebben if he was headed that way." Aye indeed he was a gallant steed.

So ready was Freddie, so steady and true
To bear us away to the girls we love,
We can almost hope as we bid him adieu,
That in *some* horse heaven, if not above,
He is resting and feeding in pastures new,
With nothing to do but to graze and rove
In fields where the grass is so green it is blue.

No wonder that in a Kentuckian's heart there is room for a horse. Hooray for the "blue grass" and the "blue grass region!" Rather fifty years there, than a cycle here. But I must return from my country digression to city smoke, chalk milk and their abominable associates and accessories, and tell you that I don't like them, and that they constitute drawback No. 2.

I forgot to tell you that while I was sick the Doctor wouldn't allow me any water. So here I lay parched to a "crackling," temperature away up in G; morphine every three hours intensifying thirst almost beyond endurance; the Ohio river running away in hearing distance, I could hear it rippling over the falls, and not a drop for me. The boys took turns nursing me, God bless "em" but I couldn't persuade "em." They said their orders were positive and imperative and they couldn't take the responsibility. I would dream of the springs that bubble up out of the old Anderson hills, and think I was lying face downward just ready to drink, when the water would commence running up

hill and I crawling and scrambling after it, would awake and find myself completely exhausted with my tremendous but futile efforts. I never even dreamed of being able to get a drink. Now when I don't want it, I have free access to a million barrels. There is some strange irony in life that I can't understand. Can you? Anyway I believe I should have fared better and gotten well sooner, if I had been allowed all the water I wanted. When I get into practice, I am going to try it on some no-account fellow and see.

Now for drawback No. 3, which to appreciate, you must first hear a scrap of history. The proprietor of our boarding house (which is not a boarding house but a residence with a few boarders) is a retired physician; his wife an elegant lady, and a real mother to us homeless boys. She has visiting her from southern Kentucky, a sister several years her junior, and who is one of the most cultured, accomplished and beautiful woman that I ever saw.

Her education and culture has not all been in one direction either, for she seems equally at home in science, art, literature, music, everything. My dear boy I wish you might hear her sing. Her voice is clear as a bell, soft as a flute, full of pathos and tenderness, and sweet as a dream of love. When she sings, I can do nothing but listen and I just wish that she might be struck immortal and go on singing forever. During my convalescence she read to me. You know I used to pride myself upon my reading; poor fool that I was, and you were good enough to compliment and encourage me. This being my only accomplishment, I made much of it. Well sir! I never heard good reading until I heard her, and yet with all her accomplishments, she is as modest, as unassuming and as unpretentious as it is possible for any one to be.

Now I hear you say—"Dead gone in love, with the first pretty face he sees." No Sir! You know I left my girl behind me, to whom I am as true as steel. Besides this lady is married, A ha! and the mother of a sweet little, rosy cheeked, brown eyed tot of a girl three years old, and as bright a ray of sunshine as ever blessed the world. Naturally she is a great favorite with all of us. So much for the preface.

Now for the story. This little girl got sick. Her uncle, the retired physician, prescribed for her. She grew worse. Dr. L., our college professor, was called in, and given charge of the case. She continued to grow worse until her hoarse metallic cough could be heard all through the house, and we knew that what the

doctors had told us they feared and dreaded had come, that she had Membranous Croup, and in a very aggravated form, as the sequel proved. So bad indeed that neither physician gave any encouragement. This was at noon. In the evening, when we returned from lectures, we found the two doctors in the parlor earnestly discussing the advisability of intubation, and both of the opinion that it would prove useless as the membrane was already as low as the bronchial bifurcation. We read in their faces the impending fate of our little sunbeam. At this juncture the mother came downstairs and into the parlor. The other boys immediately went to the bed-side of the little sufferer, we had all become nurses and helpers now. I stayed, as she had said that she would probably request a favor if I would be so kind. She then inquired of the doctors if they had exhausted their skill, and was informed that nothing remained to be done except tracheotomy, and of the probability of its ineffectiveness. Then addressing Dr. L., she said, "Doctor, I should have told you long ago what the family has known all along, but which in deference to my request was kept from you. I am a devout believer in homœopathy, and until now, Floy has never taken anything else. At first I had no apprehension that she would be seriously ill, and so from hour to hour and day to day I have gone on hoping and believing that you would be able to arrest the progress of the disease." She then thanked him for his faithful service and constant attention to her little darling. Said that she must make a last effort to save her, inquired the name and address of the most prominent homœopathic physician in the city, and turning to me with one of her sweet smiles, albeit with tears, inquired if I would be her messenger. I could have died for her or the baby either. There would have been some glory in that, but to go for that humbug doctor! How are the mighty fallen! I am a student of regular medicine to be sent for a d—d charlatan, when scientific medicine administered by two of its best representatives had been exhausted!

What should I do? I could not refuse. I could not even seem to hesitate, I would rather have fought a duel with "Cap" Miller! I tried to gulp down my indignation, anger, sympathy, sorrow, pity, without a change of countenance, but it was too big a bolus. There were too many ingredients and too much of each one. It stuck in my throat and I am afraid I made a wry face, and that she saw it. I hope not for it was getting on towards dusk, and the gas had not been lighted. I made no reply,

I was too full for utterance. I got my hat with alacrity, and with alacrity got out of her presence, out of the room, out of the house, into the street. I wanted plenty of room in which to "cuss," and yet I felt more like crying than cursing and perhaps more like praying than either. But I didn't go for the doctor. I hired, a substitute. Then waited around 'till he returned with the message that the doctor would be there directly, carried the tidings to the mother and received her thanks as though I had done her a real service, which it might have been if measured by the sacrifice required of me. She does not know that I did not go, and she never shall, but it was like pulling eye teeth to ask any one else to go on such a fool's errand. I know what you are saying, dear fellow. You say you would have gone, without any compunction, for a homœopath or a hellopath, if she wanted him. But John, you know how I hate hypocrites, shams, impostors; not that you love them any more than I, but you are more tolerant. Ah, my friend, I wish I possessed more of your spirit of tolerance as well as many of your other virtues. But you know that these pretenders are *only* pretenders. They know that they live by imposing upon the people. They know that in their so called medicine there is no medicine, no power for good or harm. They scruple not to take upon themselves the responsibility of human life and trifle with it as with a toy. They are bound to be either knaves or fools and let me tell you, this man is no fool. None of us could sleep that night, except the two discharged doctors.

They were worn out and besides they had given up. Alas, they gave up too soon. The child got well! Ain't it a shame? I mean not that she got well, God be praised for that, but that they didn't stick to the case. In a sense they stuck too close. They scarcely left her to eat, much less to sleep, and as a consequence became so thoroughly worn out physically and mentally that they took a gloomy view of her condition, and consequently made a wrong prognosis. The homœopath coming in just at the crisis, gets the credit of her recovery. He did nothing for her except sit by her until morning and give a teaspoonful of sweetened water every half hour. I tasted it; saw and tasted the powders he left at subsequent visits. They were nothing but white sugar. Now, what say you? Do you chide me for intolerance. Knave or fool, which he is? Again, I tell you he is not a fool. I stayed in the adjoining room all night. He was as watchful and as

attentive as though there had been reason in it or good to come of it. He inquired after every symptom with as much solicitude as though a knowledge of them would be of actual value to him. Then closed his mouth like an oyster and watched. Watched every motion, every breath of that child for hours; while I, in the shadow of the next room, lying on a lounge feigning sleep, watched *him*, until I almost concluded the man had played make believe so long that he thought himself in earnest.

Towards morning he said to the mother "Madam your child is better. It is possible for her to live. I shall not leave her yet, but I have slept but little for several successive nights, and I feel the need of rest." However, as it was virtually important that he remain on guard, Mrs. Hopkins proposed a cup of coffee as a substitute for sleep. It was soon procured, steaming hot and exhaling such an aroma as sent me to the kitchen for a cup myself. Returning directly to my post of observation, I found that either the coffee, or the fancied improvement of the child, (induced of course by his medicine! though he modestly refrained from saying so) or the interesting and interested auditor, whom he had not seemed to appreciate until now, or all these influences combined, had loosened his tongue and he talked, talked, talked; and she listened, approved, enjoyed, and encouraged. Whenever he had exhausted one phase of a subject, a pertinent question from her would set him fresh upon another. I believe she knew that I was listening and did it on purpose to give me the benefit of a lecture on homœopathy. And yet she was absorbed in the conversation as her questions proved; and a few sentences now and then indicated that she was thoroughly conversant with the subject in hand. And so she kept him talking. To have heard him you would have supposed him the very soul of sincerity, candor and truth. His plausibility might deceive the very elect. Much of his jargon was too high for my comprehension. He talked learnedly of dynamics, division of superficies, invisible force, vital energy, potentization, polarization, spiritualization and many other things of which I knew but little and cared less, but he talked with such a sense of conviction that every word he uttered was God's own truth, and in such a fluent, affable, convincing strain that I was fain to rise and shake myself to avoid seduction. About daylight he gave directions, careful and explicit, concerning the administration of the sugar water, advising an extension of time after a couple of hours if

improvement continued, promised to be back during the forenoon, and took his departure as unaffectedly and unostentatiously as though snatching humanity from the brink of the grave was of daily occurrence and therefore not to be wondered at or exulted over. Besides the make-believe medicine, he also left the impression upon that mother which will last until her dying day, that except for his timely interference, consummate skill and masterful knowledge of medicine, the gray dawn would have found her darling a lump of lifeless clay.

Now the strange inexplicable, unexplainable thing to me is, that such a woman as I have described, should be imposed upon and deceived by fraud so apparent and unmistakable.

I can understand how, unsupported by honor and integrity, a splendid intellect may be prostituted by cupidity and avarice; how love of gain may induce one lacking conscientiousness, to commit crime; how audacity may enable crime itself to present a bold front, and wear an innocent face; how a shrewd, sharp, smooth, self-contained man, may dupe and gull the unlettered and unsophisticated, and how the ignorant and superstitious may be hoodwinked, mystified and over-reached by any artifice however transparent, but I cannot understand how the illumined and enlightened can subscribe to a doctrine so foolish and foundationless as this myth called Homœopathy. And yet, to my amazement, I find upon investigation, and I have taken the trouble to investigate, that this quack, for with all his apparent erudition I can call him nothing else, is doing not only a larger practice than any regular physician in this city, but among the very best and most cultured people. Lawyers, judges, preachers, teachers, shrewd business men, the rich, the fashionable, are his patrons and friend. No use mincing matters, my friend. So I tell it to you as it is.

This is obstacle No. (3), and I tell you that in my present frame of mind, it is a difficult one to surmount. If I am to devote my energy, time and money to the acquirement of knowledge, which when acquired may be matched in so far as reputation or compensation are concerned by any mountebank with a case of powdered sugar, I'll stop now and turn my attention to some fairer scene, reached by a path less difficult. If money was my motive, I should not choose medicine as a profession. Other legitimate and honorable callings render its acquisition more easy and rapid. But I have hoped that while it would furnish a liveli-

hood, it would also furnish opportunities for real service to one's fellows, to say nothing of the satisfaction the knowledge itself will afford. But this episode has perplexed me. I feel as much chagrined over the result as if the case had been my own, and I had lost it.

It is said that we learn more from failure than success, and I think it has taught me one lesson at least, viz: To never despair until the patient is dead—to never let hope die in my heart, nor fade from my face until the breath has left the body, and the heart has ceased to beat. If I ever practice medicine, I shall adopt Spurgeon's plan—"never leave my patient until I see him dead."

If this letter does not tax your patience beyond endurance, I will write you another and shorter one after I hear from you.

As ever your friend,

H. T. NOSDUH.

SIX HUNDRED DOLLARS IN PRIZES.

The special attention of our readers is called to the advertisement of the Palisade Manufacturing Co. with the above title on page fourth cover of this issue.

The prize contest which this well known firm announces will no doubt attract a great deal of attention, and result in the submission of many articles of merit on "The Clinical Value of Antiseptics both Internal and External." The prizes are extremely liberal, and the well known professional and literary eminence of Dr. Frank P. Foster, the talented editor of the "New York Medical Journal," who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in the awarding of the prizes.

We are assured that there is absolutely "no string" attached to the provisions of this contest, and any physician in good standing in the community is invited to compete on equal terms with every other competitor.

Further particulars as to conditions, etc., can be obtained by addressing the above named firm.

Dr. Max Nordau's "*Comedy of Sentiment*" is a cleverly written story of the intrigues and subterfuges that an unprincipled woman of the world will resort to rather than acknowledge the frustration of carefully laid plans; and the case where an innocent man becomes an unconscious victim to her designs.

Editorial.

1896.

It is with feelings of gratitude, not unmixed with pride, that we send forth, this, the initial number of the **HAHNEMANNIAN ADVOCATE**, because you can see and judge for yourselves something of the strength and power that must be wielded by this journal in the future. From this time on, the **HAHNEMANNIAN ADVOCATE** belongs to no man, or body of men, but has been dedicated to the promulgation of the principles of pure homœopathy. It is literally yours, and an association has been formed composed of some of the best and most representative men throughout the country, who are determined upon an earnest and aggressive presentation of these principles. A company has been formed with sufficient capital to keep these principles in the foreground. Measures of the result depend entirely upon you; all that is needed for the realization of its purpose is that each and every reader do his or her part in extending its influence by securing the co-operation of those who are not already in touch with its sentiment. After reading your journal, put it in the hand of some other physician and secure his support make it a personal matter. Particular attention is called to the people's department where these principles will be discussed in such a way as to bring the laity into an appreciation of the whole meaning and superior merit of the law of similia.

CURED.

"Of course anybody can cure a cold." The statement was made at the last meeting of the Chicago Homœopathic Society that it was as easy to treat a case of diphtheritis as to cure a cold, and the smile that went over the audience was convincing of one of two things, either that the physicians present did not know what it mean to cure a cold, or if they did they never had attempted the job. It is as easy to suppress the acute symptoms of a cold as to suppress painful symptoms of any other disturbance, but since a cure means to remove the tendency, the

physician who earnestly seeks to overcome that susceptibility, through which exposures of different kinds results in sickness, differing in character, but bearing the same term "a cold," will find that he has assumed a task covering almost every constitutional tendency in the individual concerned, and when he has cured the cold because these symptoms have been suppressed, lo! it puts in its appearance in an entirely different form and sometimes so directly opposite from the original symptoms that the case will be spoiled unless it has been properly taken and studied. You cannot cure a cold, or a cough, or a diarrhœa, or a constipation or many of the other ailments that make up the sum total of unhealthy living unless you go to the very bottom of the matter and study the individual from every side; and with the composite picture obtained, otherwise known as the totality of the symptoms, select your similimum; refuse to be driven from your first position by every little wind that blows. To cure a cold, oftentimes means the study of a year or more and when said cold has been cured the individual will show the results by a state of health which is a revelation to both self and friends.

CENTENNIAL.

With the translation of Cullen's *Materia Medica* in 1790, Hahnemann began the investigation of the action of drugs upon the healthy individual, but it was not until 1796 that he published his first paper entitled "An Essay on a New Principle for Ascertaining the Curative Power of Drugs" in which he presents his theory in the following words: "Every powerful medicinal substance produces in the human body a kind of a peculiar disease; the more powerful the medicine, the more peculiar, marked and violent the disease. We should imitate nature which sometimes cures a chronic disease by superadding another, and employ in the (especially chronic) disease we wish to cure that medicine which is able to produce another very similar artificial disease and the former will be cured; *similia similibus*."

It would seem as if the spark had been struck and the kindlings ignited, for from this moment it seemed as if the man was possessed with a new spirit and in rapid succession the professional world was made aware of the nature of his investigations.

This year every Homœopathic Society throughout the world should commemorate the closing of the first century of scientific

medicine and it is eminently fitting that every one of his professed followers begin the year by taking stock for the purpose of determining how much capital he may have invested in this philosophy. To determine how much he may have added to his capital by reason of careful investigation and close application of these principles during the past year. To determine whether the year now gone has encroached any upon the capital invested, and if so, how the loss may be made up. If this inventory reveals a bankrupt state, steps should be taken at once for the increasing of the stock on hand and there is no better way for accomplishing this, than by faithful attendance at the meeting of the various societies, with sufficient preparation previous to said meeting to be able to take intelligent part in the discussion of the papers under consideration.

In all probabilities the name and principles promulgated by this master of science will be given greater prominence during the coming year than at any time in the history of medicine and the result can not be other than a revival within the ranks of his professed followers. So let it be.

STATE MEDICINE.

Much has been said and written about the immunity given to disease by an injection into the circulation of blood-serum, which has been used as a culture medium for the production of certain specific ptomaines or toxins; and the country at large has been compelled to witness the efforts of the Health Department of the City of Chicago, to force upon, not only the public, but the profession as well, the indiscriminate and wholesale use of diphtheretic-toxin for the cure of that disease. Competent advisers have sought to modify the acts of the Board, but every suggestion coming from whatever source, has been treated not only with contempt by the Commissioner (a typical politician with no special knowledge of the laws of health), but declared to be culpable, by this eminent authority, in every case where they refused to use this universal (?) specific. The bigotry and arrogance shown has succeeded, however, in raising such a storm of indignation that will not be downed until this fad has been regulated to its proper sphere. There is enough legitimate work to employ all of the talent possessed by this Board in securing a proper hygienic environment for the homes of its people; and a proper consideration given to this feature of the work will afford

our citizens a more perfect immunity from, not only the infection due to diphtheria, but from the noxious influences arising from the decomposition of all kinds of animal and vegetable matter. The true field of state medicine lies in securing proper sanitation. Remove the exciting cause before attempting to restore the sick to health is good common sense; and investigation clearly demonstrates that the Klebs-Löffler bacillus is not the cause of the disease.

Dr. Lennox Browne, the worthy successor to Dr. Morrill McKenzie, in the great hospitals of the City of London, presents statistics showing where one thousand cases of diphtheria treated under perfect hygienic surroundings, best of nursing and thorough medication resulting in a mortality of 27 per cent. He further states that under the same conditions and in the same buildings practically, one thousand cases have been treated with anti-toxin, giving a mortality exactly the same, showing when anti-toxin was employed under its most favorable environment that the rate of mortality was not reduced. It would make an interesting exhibit for the same authority to treat one thousand cases without the administration of any medicinal agent and let the world have the report.

Because of the great prevalence of this form of disease and the fear aroused by its presence, the preparation of diphtheric serum early assumed a commercial aspect and the history of its introduction and promulgation in this country has been the history of shrewd advertising methods. Under the guise of humanitarian interests, the public press has freely given space for the advertising of the subject; and as the medical press became more and more silent upon the subject, the manufacturers of serum have adopted the methods of the patent medicine man to fill the columns of our daily press with the wonderful virtues of this new discovery, and the marvellous cures resulting from its use.

But, there is another, and fortunately a brighter side to this question than we have been considering. For the past fifty years medical practitioners, who have been called bigots, narrow-minded, unscientific, quacks, etc., etc., have been treating the sick in this country until they have piled up statistics equally reliable with those already published; and the results have been so apparent to the public mind that the clientele of these same physicians more than doubles that of an equal number of the dominant school. These statistics show a mortality from this dreaded dis-

ease fully 50 per cent below that made from any or all other sources combined. To-day we have in our midst another exclusive, or would be exclusive, school of medicine, the bacteriopathic, which proclaims that all diseases are due to the presence of bacteria in the system and that not only the cure, but the prevention of all disease was to be brought about by inoculation with an attenuated form of these disease products. Doubtless there is a grain of truth in the deductions laid down by our bacteriologists, but up to the present day their application for the healing of the sick has been on a par with that of all the other forms of so called specific medication, not far short of absolute failure. The true homœopathic physician does not select these bacteriological products promiscuously for the cure of the sick, but demand that these products be tested upon the healthy individual for the purpose of determining its sphere of action and when it has been determined, then to select such products for the cure of diseases similar to that produced by the experimentation. Were the serum therapist to subject their experimentations to the same rigid requirements they would then have indications for the use of their anti-toxines that would produce results incomparably greater than anything they have ever had in the past.

It may seem very presumptuous in us to suggest the establishment of an experimental department to the City Board of Health. This work to be divided in three sections: one to be under the direction of a Sanitary Board, the second to be under the direction of the dominant school, and the third to be assigned to a board up from the homœopathic school. To each of these sections a suitable territory might be assigned with the power to act as their best judgment might dictate; and we predict that the same amount of money expended in this way would not only give us a lower rate of mortality, but at the same time give the world statistics that would be of incalculable value.

The Homœopathic Medical Society of Kansas, will meet in Liberty Hall, Topeka, May 6, 7 and 8. The personele of its officers and the chairman of the different bureaux gives conclusive evidence that the aims and purposes of this society is for the promulgation of homœopathic principles, and it should have the support of every homœopathic physician in that state. Further notice of its work will be given in the columns of the *ADVOCATE*.

PEOPLE'S DEPARTMENT.

The design of this section is to furnish instruction to the uneducated in medicine. Not how to give, when to take, nor how much; but rather how to refrain, when to avoid, and how little will suffice. Indeed it will not attempt to teach medicine. This is not only out of its province but out of its power. Physicians will therefore perhaps, prefer to peruse it by proxy. The latter is recommended.

Neither will it attempt to delve deeply into scientific lore, and when it may chance to touch thereon, will touch but lightly. It will ever endeavor to avoid scientific terms, technical phrases, dash, and even living languages, if foreign, and will adhere to plain English—the plainer the better. Plain, not in the sense of homeliness, but homelikeness, for although in homespun attire it will be pleased to find itself well and handsomely dressed. It will be neither mysterious nor incomprehensible but simple and intelligible. It purposes to be brief yet ample, concise yet replete, consistent at all times and argumentive when necessary. While it need not be flippant, it should not be prosy. The bearer of good tidings, it can afford to be happy and joyous, even sportive and gay should occasion permit, and with a good story to tell may tell it humorously. Upon serious subjects it will preserve due decorum, but it will sing no lugubrious song in minor key, nor chant a requiem for the dead. Its gospel is to the living. 'Tis one of healing and of hope, consequently of happiness.

Its themes will be chosen from time to time and will be of present and vital interest. If they can be made as interesting as deserving, and as entertaining as important, they will be read with pleasure, and remembered with profit. This much we think may be safely promised. More is unnecessary at this time, and besides we desire that performance should surpass promise.

T. H. HUDSON, M. D.

Dr. B. L. B. Baylies, of Brooklyn, has opened an office at 174 Schermerhorn street, as well as at his residence, 418 Putnam avenue.

The Medical Mission Institute have opened up a free hospital in connection with their school. Since the appropriation has been withdrawn from the Washingtonian Home, the city has had no place to send their cases of delirium tremens. In consequence

officers of the Institute have requested that these poor unfortunates be sent to the hospital under their charge, where they would receive the attention necessary without expense to the city. This enterprize is worthy the support of the public and we are pleased to note the favorable response given it.

The Missouri Institute of Homœopathy. Another strong and aggressive society with decided leanings toward the principles of similia is the Missouri Institute of Homœopathy, which holds its next regular meeting in St. Louis on the 21st, 22d and 23d of April. It is needless to state that this meeting will be well attended, because those who have enjoyed its influence once, find it difficult to stay away the second time.

A son was born to Dr. and Mrs. E. T. Allen, 6416 Stewart avenue, Chicago.

Prof. A. Leight Monroe, of Louisville, Ky., will give his regular Special Course of Lectures on *Materia Medica*, in the College building, beginning Monday, April 6th, and lasting two weeks. This course, as we understand it, will be specially adapted to advanced student and practitioners, and will be largely devoted to the *comparative*, physiological and *clinical* study of drugs.

DUNHAM COLLEGE NOTES.

Because of ill health DR. T. S. HOYNE found it inexpedient for him to shoulder the cares and responsibilities of *Dean* in addition to his regular lectures, so his mantle has fallen DR. C. S. FAHNE-STOCK who has taken the work as though his whole life had been spent in a like position.

The second in the series of evening lectures to be given before the students and friends of the college, was delivered by PROF. N. B. DELAMATER, of the *Chicago Homœopathic College*, Thursday evening January 16th on the subject of PRE NATAL INFLUENCES. It was greatly enjoyed by all present.

A cordial invitation is extended to you and your friends, by the LADIES AUXILIARY, to be present at the *Musical and Reception* which will be held in Amphitheatre and parlors of the College, Saturday Evening, January 25th at 8 o'clock.

The largest and most enthusiastic meeting ever held under the auspices of the *Chicago Homœopathic Society* was held in their club room, Thursday Evening, January ninth. The change of

the night of meeting to the second Thursday of the month and the subject under discussion *Anti toxin in Diphtheritis* contributed to the inducements held out. Fully three hundred crowded into the room and patiently listened to almost universal condemnation of the employment of this "fad" and applauded the selection of the remedy in accordance with the principle of similarity to each individual case.

A committee, consisted of Drs. Foster, Fisher and Tooker' were appointed to prepare a protest embodying the sentiments expressed at the meeting and present the same for the consideration of the Mayor with the hope that a modification of the course adopted by the Board of Health might be secured.

This society is doing excellent work and receiving the general support of the profession.

The immediate duty of the homœopathic school is a return to homœopathic practice.

"Truth," said Locke, "whether in or out of fashion is the measure of knowledge and the business of the understanding; whatever is beside that, however authorized by consent or recommended by rarity is nothing but ignorance or something worse."

We commend this paragraph to those, who, masquerading as homœopaths, cannot find time or ability to make a homœopathic prescription. But if the school has won its present enviable and renowned position because of the faithful and untiring labor of those who have preceded us, it will as quickly lose its prestige and sink into obscurity if we are recreant to our trust.

The first issue of the Atlantic Monthly for 1896 opens with an unpublished Note Book of Nathaniel Hawthorne now printed for the first time. There are also the opening chapters of a new three-part story by F. J. Stimson (J. S. of Dale) entitled, "Pirate Gold." It deals with romantic Boston life in the fifties. Other features of the issue are "The Country of the Pointed Firs," a short story by Sarah Orne Jewett; "The Johnson Club," being an entertaining description by George Birkbeck Hill of the meetings of Johnson enthusiasts at the Cheshire Cheese and other of Dr. Johnson's famous resorts; a sketch of provincial French life by Mrs. Catherwood, "A Farm in Maine;" "Children of the Road," a study of child life among vagrants, by Josiah Flynt; and "The Schoolhouse as a Centre," by the editor of the maga-

zine, a paper introducing the discussion of "The Status of the Teacher" in subsequent issues. There is a powerful installment of Gilbert Parker's "Seats of the Mighty," poems, and book reviews, and the usual departments.

Disease is not an entity. It cannot be something which has been added to the system, but is generally due to a perversion of the functions of the body, by means of which nutritive elements designed for general distribution have been directed into some local position, resulting in an increase of the nutrition of that part with the general term of hypertrophy, and there must be a corresponding decrease in the nutrition of other parts, which may possibly bring about the corresponding term of local atrophy of an organ or tissue of the body. Tumors according to the recent work on the *PATHOLOGY AND SURGICAL TREATMENT OF TUMORS*, by N. SENN, depend upon the nature of the primitive matrix, anatomical structure and physiological importance of the part or organ affected, and the relations born by it to the adjacent tissues. A tumor matrix composed of embryonic cells of the lowest degree of development is more likely to result in the formation of a malignant tumor than in a matrix representing embryonic cells capable of development into tissue of the highest physiological type. In this statement we would agree with the author, but the conclusions drawn by him in reference to the treatment does not seem warranted in the premises; but of course the Doctor is looking at this question from the standpoint of the surgeon and naturally uses the means with which he has greatest familiarity for the cure of the same. We regard the tumor simply as an expression or evidence of disease and cannot see how the removal of this evidence by means other than that which caused its development, to be sound or logical; and feel satisfied that evidence can be produced to demonstrate the fact that tumors of a malignant character can have that tendency to malignancy removed by the careful application of therapeutic agents, and when this tendency has been removed and the virulence of the disease cured, then the surgeon may come in with his knife to remove this useless appendage from the body. The general discussion of the etiology and pathology of tumors is without exception the finest we have ever examined, comparing very favorably with that classical work on surgical pathology by John Collins Warren. This valuable work is sold by subscription only and doubtless will be in the hands of every scientific investigator of medicine.

Max Nordau has established for himself a reputation not only as a philosopher, but as a keen observer of human nature, and capable of hewing to the line, letting the chips fall where they may. The sensation created by "DEGENERATION" will not be lessened by the reading of his latest work, *THE RIGHT TO LOVE*, written in the form of a drama. In this work he strikes at the very foundation of our social life and compels his characters to discuss the rights and privileges involved in the relations maintained by the socialistic faction of so-called high-bred society. He discusses the duties and responsibilities of both man and woman when they voluntarily enter into the marriage relation. The book will be read with interest and profit.

One of the most profitable magazines coming to our table is the *Review of Reviews*. During the closing weeks of 1895 the daily papers have published an extraordinary amount of interesting and important news. It is worth something to the busy newspaper reader to have this mass of information taken up, arranged, digested and reviewed in a calm and intelligent manner. The *Review of Reviews* performs this service very efficiently every month. The number for January, 1896, is especially strong in this respect. The editorial department, called "The Progress of the World," is distinguished for its able handling of national and international topics of the hour. In fact, the *Review* occupies a unique position as a truly "international magazine." Its soundly "American" stand on the Venezuelan question is significant.

Paul Bourget has adopted that form of romance so frequently used by the French, a form of analysis in which ethical propositions are discussed in a manner that cannot be forgotten. His latest, *THE LAND OF PROMISE*, would have been better named, *The Rights of the Child*, and is a discussion of the responsibilities recognized by the laws of every civilized nation in the case of the birth of the child either in or out of the state of wedlock. The suffering and sorrow which must come to every one who attempts to be a law unto himself. The question discussed in this book is the one relating to the responsibilities and obligations assumed by the man or woman who voluntarily gives life to another being. Has he any duties towards this child, and what are they? Has he any rights, and what are these rights? Do the mysterious ties of blood necessarily imply an obligation? To the writer this drama becomes one of the most tragic and most human that real life presents and it is the duty of every man and woman to make the study of this question a matter of personal investigation.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No 2

Materia Medica.

CANTHARIS.

C. L. OLDS, M. D., H. M.

Throughout the list of homœopathic remedies, I doubt if we can find one that comes on with more rapidity and violence than *Cantharis*. There is intense violence, the parts becoming rapidly inflamed; the inflammation is so violent in character that the affected part rapidly becomes dangerous.

Burning is one of the generals of this remedy; it is found in all parts; burning in the head, in the eyes and all the mucous membranes; intense burning.

Another general of the remedy is >from warmth; and still another is <after midnight.

The patient is <from noise, from shiny objects, from water; anything that glitters aggravates the patient.

Congestions of the brain where there is a sensation as if boiling water were in the brain; the inflammation comes on with intense violence accompanied by rage, frenzy, barking—he barks like a dog; he froths at the mouth; the eyes are in spasmodic motion, staring, protruding from their sockets. Convulsions come on, convulsions that are brought on by the sight of any shiny object, the sight of water; anything glittering aggravates. Touching the larynx or the painful part will bring on convulsions. These symptoms will lead us to think of *Cantharis* in *hydropho-*

bia. At other times you may find that the patient is melancholy, sad, wants to be alone, something like *Pulsatilla*; confusion of the mind; but predominating in acute complaints, is this rage, frenzy, delirium. There is vertigo that is in the open air.

In the mouth we find intense redness and burning, stinging pains, vesicles form in the mouth, ulcers with intense burning. The burning goes down through the throat to the stomach.

This remedy is useful at times in *diphtheria*. There is burning in the throat, the tongue is covered with visicles, deeply furred, the edges being red. Foul exudation from the mouth. Intense thirst, but he cannot take water, the sight of water aggravates him. Coffee aggravates him, particularly does it aggravate the stomach symptoms.

When we come to the stomach, we find the same intense inflammation there, burning, cutting pains, nausea and vomiting, vomiting of green slimy substance, blood-streaked pieces of membrane. As soon as he takes water into the stomach, it is vomited.

In the bowels there is this same burning, great violence with the inflammation. The inflammation is so violent that it will go on in a few hours to gangrene; inflammation with cutting, tearing, sticking pains; the abdomen becomes tympanitic. Symptoms such as we have in *peritonitis*, great restlessness and anxiety.

With almost all complaints of *Cantharis*, the urinary symptoms will be present; in fact we might say, that with the *Cantharis* urinary symptoms present, no matter what the condition is, that the remedy will cure. There are intense burning pains in the bladder, cutting pains in the bladder and urethra. The pains are so intense that the sufferer writhes in agony. The urging and teasing to urinate is almost constant, and when at last he passes a few drops of urine or blood, it feels as if molten lead was passing through the urethra and he screams like a demon. The inflammation is of such a character that strangury comes on after a very short time indeed; suppression of urine, or he passes only a few drops at a time, continued urging, urging and teasing to urinate, yet passes but a few drops, or perhaps passes nothing but a little blood; at times he passes pure blood. Pains in the kidneys, digging, stinging, cutting pains, or dull pains, pains going down the ureters, and with this the painful urging to urinate, passing but a few drops at a time. With the urinary symptoms, he will have cold hands and feet, cold sweat, anxious look upon the face, restless, intense anxiety, burning, thirst; it seems as if he would

die for want of water, and yet he cannot take it. A case of poisoning by Cantharis was related, in which the patient had to urinate sixty times in one hour, so intense was the teasing. But a few drops were passed which burnt like molten lead, it seemed as if a red hot iron were in the urethra, so intense was the burning; burning, stinging, cutting pains before, during and after urination. I believe there is no other remedy that has that particular symptom: *pains in the urethra before, during and after urination.*

Another feature that is apt to be present with many of the conditions calling for Cantharis is intense sexual erethism. The penis is in a constant state of violent erection, and so strong is the desire for coition that he becomes frenzied and rages like a wild beast. There is absolute shamelessness. You will find these sexual symptoms in the brain troubles, you will find them in almost any trouble. Here is a peculiar symptom: *when he has the pain in the kidneys, by pressing upon the glans penis there will be relief from the pain.* The pain in the glans alternates with the pain in the kidneys. He feels as if the urine were stopped in the penis, as if it could not pass, as if it were not passing, and yet he passes it freely. This is an exception.

With the stool symptoms we find the same intensity, the same violence. Discharges from the rectum of pure blood, with intense cutting and burning; discharges of mucus that look like scrapings of the intestines; discharges that look like the washings of meat (phosphorus). Intense colicky pains before the stool; burning and cutting in the rectum during the stool; and intense tenesmus with the stool. There is the constant urging to stool, like *Nux Vomica*, but *Nux Vomica* does not come on with this rapidity and violence; it does not have the violence of Cantharis.

From the nose you will find a bloody discharge, mucus that is blood streaked, ulcers in the nose, intense burning.

You find this burning in the eyes, the eyes protrude, look glassy, staring, roll about in a horrible manner. In burns of the eyes this remedy is very useful.

□ Upon the skin it produces an intense inflammation; great hardness of the part; vesicles form, just as single vesicles at first, then they coalesce until they become blebs.

Erysipelas that starts on the nose and spreads from one cheek to another, preferably to the right cheek; intense burning, violent pains, and the characteristic urinary symptoms.

Upon the female sexual organs this remedy has a marked action. The menses are too early, too profuse, black, and are often accompanied by nymphomania, in fact the intensity of the sexual desire is surpassed by no other remedy, except perhaps *Platina*: there is utter shamelessness.

This remedy is useful in gonorrhœa, gonorrhœa of the male, where there is a yellowish discharge, or more frequently a discharge that is thin and bloody, with intense cutting pains in the urethra, most violent erections, chordee, priapism, insatiable desire for coition, he becomes violent, rages, becomes like a satyr, so violent is his desire. This remedy also has impotency, no desire whatever, no erections. In inflammation of the ovaries you can see that this remedy will sometimes be indicated, a violent state of inflammation with sticking, burning, tearing pains in the region of the ovaries. Sometimes during the menses convulsions will come on. She rages and moans and is frantic. She runs hither and thither in a mad confusion. The eyes are staring, glassy, flashing, or they roll about in a terrible manner. Intense thirst that is worse from the sight of water or glittering things. Glittering things send her into a convulsion.

Touching the painful part produces stinging and burning in the body. You find this remedy indicated with the same symptoms where there has been suppression of the menses or suppression of the lochia. If after confinement on the second or third day the lochia is profuse, and there are burning, stinging pains on urinating, *Cantharis* will be the remedy. This remedy is also said to be of use in widows, those who have had a good deal of sexual passion. Her husband dies and she remains unsatisfied. As a result, inflammation of the parts take place, inflammation of the ovaries or of the uterus, and with this the teasing to urinate, and passing but a few drops of scalding urine.

This remedy is sometimes indicated in diseases of the chest. Perhaps *Aconite* has been indicated in the beginning, apparently so, or *Bryonia*, but only apparently indicated. The inflammation has gone on with great violence, there is a short hacking cough with spitting of some blood, or the mucus that is raised is blood streaked. Intense, cutting, burning pains in the lungs, or rather in the pleura; pneumonia where pleurisy has come on. Cutting, burning pains in the chest, and constant teasing only to pass a few drops of scalding urine: There you have a *Cantharis* condition.

There is a peculiar sensation in the ears, a sensation as if wind

was coming from the ear, as if hot air was coming out of the ear, first one, then the other. The bones about the ears are intensely painful—cutting, burning, stabbing pains in the bones about the ear. The face of a *Cantharis* patient, during the most violent part of an inflammation, will be hot and red, and you will have the glittering of the eyes, the flashing eyes, the anxious look. Later on, if the patient goes down into a collapse the face naturally changes, and becomes pale and deathlike.

The chill symptoms of *Cantharis* are of some importance. The chill predominates. There is a long chill without thirst. Following the chill there is thirst, and perhaps during the heat there is thirst, but no thirst during the chill. The extremities are icy cold, the sweat which follows smells like urine, and almost invariably will the urinary symptoms to a greater or lesser degree be present. The burning is something terrible, burning as from coals of fire, in fact this burning as from coals of fire is found everywhere in the remedy.

Whenever ulcers form there is a tendency to gangrene, so violent is the inflammation, and sloughing will take place. Ulcers with burning like fire; bloody discharges from the ulcer. Upon the skin there is an eruption of a mealy character, great quantities of meal—like scales come from the body. Now, you can see that there are a great many things in this remedy, that is, in the violent mental symptoms, that are like *Hyoscyamus*, like *Stramonium* and *Belladonna*, yet in the other symptoms this remedy is not at all like them. There seems also to be a great deal that is like *Arsenicum*. You see we have the *restlessness* of *Arsenicum*. We have the *prostration*, we have the *burning*, we have the *amelioration from heat*, though not indeed in the same degree that *Arsenic* is relieved by heat. *Worse after midnight* like *Arsenicum*; and yet you can see plainly that *Arsenicum* is entirely different in its nature. *Arsenicum* has some of the urinary symptoms of *Cantharis*, has the *painful* urination, the *passing of blood* from the *urethra*, but it *does not* have the *intense violence*. So intense is the inflammation of *Cantharis* that there may be bleeding from any orifice of the body, passing of pure blood from the urethra, passing of pure blood from the rectum.

You see from the symptoms that this remedy can be indicated in convulsions of almost any kind, convulsions that come on after labor. You see a perfect picture of *puerperal* convulsions. When during labor the pains entirely let up, intense inflammation

takes place, the uterus becomes engorged, and the urinary symptoms described above are present, then Cantharis is needed. When it is indicated no other remedy can take its place; and when not given, death is almost certain, so violent are the conditions calling for its administration. The antidote to Cantharis is *Camphor*. Coffee is inimical.

SYPHILINUM.

A Study by the Materia Medica Club of Syracuse, reported, by Rudolf C. Kaiser, M. D.

Syphilinum cures a vast number of ailments. It is of equal importance with *Psorinum*, *Sulphur* and *Medorrhinum*.

According to Dr. Wildes it cures headache with *piercing* pains; excruciating headache over the right eye, extending deep into the brain, the pain so severe as to cause loss of memory and ability to think.

The patient was in danger of losing his place as book-keeper, made repeated mistakes in figures. Under Syphilinum the head trouble, one of many months standing, disappeared in ten days. Its chief headaches are *linear*, from or near one eye backward; *lateral* or frontal headache, often from temple to temple, or deep into the brain from vertex, or both; headache as from pressure on vertex; violent headache in either temple, extending into or from the eye, relieved by warmth. Violent pain in the bones of the head or face; headaches all by the heat of the sun; after effect of sunstroke. The headaches are usually accompanied by great restlessness, sleeplessness and general erythema.

The symptom of *relief at daybreak* deserves attention: it is characteristic of Syphilinum, *Mezereum* and *Aurum*. Syphilinum has terrible dread or *fear of the night*, and like *Mercurius*, all of its complaints are *worse at night*. The night becomes so intolerable that death is preferable. The patient waits about, unable to prepare for bed, because of the abject fear of attendant sufferings. There is excessive exhaustion on awaking that seems to enhance the fear. Fear increases as night approaches, and the patient prays for daylight.

Many persons after taking Syphilinum for a few days complain of *heavy, crushing, cutting* pains across the base of the cerebrum; others of *heavy aching* and stiffness of neck into the brain; others of a heavy, clouded, dull feeling in base of brain, with physical lethargy and sometimes dizziness. At times confusion of thought, and often a feeling as if one is going insane, or about to be para-

lyzed; a far-away feeling, with apathy and indifference to the future.

The following case of neuralgic headache of one and half years standing, indicates the scope of this remedy. A young girl of sixteen had measles one year ago, imperfectly cured. For a year previous to the measles, she was subject to nervous headaches, during which attacks, the temporal veins stood out. She had pain all over the body, was irritable, excited, restless, walking much of the time. Did not wish to be soothed, violent on being opposed, had tremors and seemed to be on the verge of convulsions. Dazed, absent-minded, and almost insane. *Always washing her hands.* Was formerly very constipated, now subject to diarrhoea. Menses never regular, always extremely painful and scanty. Sleep anxious, distressed and often wakeful, and extremely restless.

The above group, according to Swan indicated Syphilinum and she was cured with 1^m once a day.

<of eye pains by lying on painful side, Syphilinum.

<of eye pains by lying on left side, *Lac Ferinum.*

<of eye pains by unpainful side, *Zincum.*

In all cases of acute pains from *iritis, neuralgia, sciatica, rheumatism, periostitis*, etc., where the pains are *worse, at night*, Syphilinum a dose at bed time often soothes the pain, and usually brings sleep.

Syphilinum vies with *Sulphur* in producing quiet and refreshing sleep. *Hopeless* like all nosodes, Syphilinum despairs of recovery. It is indicated in *rheumatism of the shoulder joint*, or at the *insertion of the deltoid*, and is <by *motion*. It is said to cure rheumatism where the *muscles are contracted in hard knots or lumps*. It causes and cures *contracted* and painful feeling in the *soles* of the feet as if the *tendons* were too short.

Case of J. G. Schmitt: Rheumatic swelling of left wrist and left big toe, bluish red, with pains, as if somebody *sawed at his bones with a dull saw*; <by heat. Cured by one dose of Syphilinum.

Dr. Nash cured a bad case of curvature and caries of the spine, by Syphilinum, the patient remained a dwarf and hunchback.

Case treated by Dr. Burnett of New York city, twenty-four years ago. Pain in back, and in the region of the kidneys, *worse after urination*, micturition difficult and *very slow*, no pain but a *want of power* so that he has to strain to evacuate. Redness

and rawness with terrible itching, between the toes, worse at night. Eighteen years before he had been treated for *Syphilis* allopathically, since which time, though not before, had been constantly troubled with the above symptoms.

Gave Syphilinum^m and in twelve hours he urinated freely. The next day he was taken with severe pain in head, was cold and blue, slow to get warm, sleepy, could scarcely be aroused; after five days the doctor was sent for. An eruption was coming out all over the body with a disagreeable odor. Syphilinum^m soon relieved; eruption reddish brown. A large bubo appeared in the right groin; Syphilinum^m. Bubo soon opened and discharged freely. The eruption grew worse, covering inside of mouth and throat, making it difficult to swallow even liquids. Eyes also covered making him blind; intolerable smell from body; intolerable itching, but so sore he could not scratch. Eruption discharged a large quantity of pus. *Cured in three months.*

Congenital syphilis-child, three months old, covered with rash. Syphilinum^m (J. E. M.) three doses; one dose weekly. In six weeks skin was smooth.

Syphilinum is indicated in dyspepsia, where there is daily vomiting for weeks, due to erosion of the stomach. It also has been of great help in many cases of catarrhal deafness, where a marked cachexia exists. Catarrhal indication are: itching of the nostril, attacks of fluent coryza, dark purple lines between the alæ nasi and the cheeks.

According to Dr. Wildes (N. Y. and Jamaica,) who has used the remedy successfully; it is curative in itching, scabby, eczematous eruptions appearing on the face, or the breasts, singly or in clusters. It first—and afterwards is curative in heartburn, with pain and rawness extending from the stomach to throat pit, and often accompanied by cough. Pain and pressure behind sternum. It promptly relieves and eventually hastens the cure of violent attacks of dyspnoea, with wheezing and rattling of mucus coming on from 1 to 4 a. m., whether from capillary bronchitis or emphysema, or simply asthma. Always a valuable remedy in such cases.

Its action on the liver is beneficial and lasting. In vicious constipation with fetid breath, earthy complexion, gaunt appearance, it produces regular action of the bowels.

It restores appetite when capricious, scanty or absent during melancholy moods.

It is indicated [in profuse, fetid leucorrhoea, so often found in sickly, nervous children of five to ten years of age. It cures congestion and inflammation of ovaries and fallopian tubes, and also of spermatic chord.

Occasional doses of *Syphilinum* are indispensable in obstinate cases of cholera infantum.

Dr. A. G. Brewster reports the following case.

Mr. A. A. a railroad engineer, applied for relief of his throat. In addition to the throat, which was rough, hoarse and copper colored, he had sores on the top of his head and on the nates, at the point where he sat on the seat of the engine. The sores were round with elevated edges; there was ulceration on the scalp; and the hair was falling out in round patches. The whole case having syphilitic appearance. The patient confessed to have had gonorrhoea at some time past, and had been treated with crude drugs. He received one dose of *Syphilinum*^{cm}. Swan; and in about four weeks the sores had healed; the throat having been improved much sooner.

Dr. Wildes, before quoted, used the^{1m} potency, a dose every evening for weeks. He claims to have cured nearly every Hunterian chancre, that he has treated for the past fourteen years, unaided by any other remedy; the chancres growing larger for the first two weeks, then gradually fading away from the margin toward the centre until they disappear in from six to eight weeks, and are never followed by any secondary or tertiary symptoms. In the third or fourth week of cases, where the edge of the chancre assumes the appearance of proud flesh, and becomes everted, jagged, dark red and angry, he substitutes *Lac caninum*^{cm}, a dose every night for ten days or two weeks, until the sore takes on a natural appearance. The cure is finished with *Syphilinum*. When an indurated spot is left, he gives *Nitric Acid*^{30x} four times a day until it disappears. He declares that after such treatment they raise healthy children. He says: "*Syphilinum* causes in old cases of acquired Syphilis, a seething feeling as of hot water, or hot oil, running through all the veins of the body, all night long, after taking the first dose."

Dr. Kent: "As *Psorinum* has many times brought about a vital reaction after a typhoid fever when all energies were suspended, and when *psora* was at the bottom of the trouble, so will *Syphilinum* cause the same vital reaction, if it be *Syphilis* that is the cause of the suspended energy, by which convalescence is pre-

vented; so also will *Medorrhinum* cause a reaction when the *sycotic* miasm is the cause of slow convalescence."

Cases. Leggett. Case of Sciatica during Brights disease.

Pains—lancinating—lower left extremity, whole length.

<all night; >about daybreak; <touch, when pain was on.

<cold air; >warmth; sweat confined to back.

Syphilinum^{cm} cured.

(*Medical Advance*, June, '83.) Hemorrhage with acrid discharge.

Hemorrhage causing itching and inflammation of the parts;

<nights; <warmth of bed; general <nights; parts very tender.

Syphilinum D. M. (F. C.)

(*Medical Advance*, March '82.) A case of euthanasia produced in phthisis, when the symptoms were *better at daybreak*, with Syphilinum^{D.M} (F. C.)

A note of warning has been sounded as to the use of the Kola Nut by physicians in general and the indiscriminate use of the same by those who would temporarily increase their strength even at the expense of a profound constitutional weakness. It seems to be a fact that while these different stimulants like tea, coffee, cinchona, and coca, and last but not least, the kola nut, may seem to produce little or no deleterious effect upon the African, and South American Indian, it is death to that white race in general, and more especially to the branch of the white race whose nervous system is most highly developed. Kola intoxicant, like the cocoa in use, heralded far and wide as a muscular stimulant utterly void of deleterious effects, and now when the habit has become firmly rooted with the people, the profession at large is aroused to the fact that they have been nursing a viper whose sting is the sting of death.

Society Reports.

"ROCHESTER CLUB," ROCHESTER, N. Y., Dec. 20, 1894.

The meeting of the C. N. Y. Hom. Med. Soc. was called to order by the Vice-president Dr. Wm. M. Gwynn, Throopsville, N. Y., at 2 p. m.

Members present:—Drs. Clapp, Seward, Chaffee, Carr, Johnson, Hermance, Hussey, Sayles, Graham, Ross, Leggett.

Visitors present:—Drs. Watts and Bamber.

The minutes of the September meeting were read and approved.

The paper of Dr. Stow, upon *Psoriasis Palmaris* was read, and the motion made that it should be published with the discussion of the September meeting, on which date it had miscarried.

Carried.

An informal application for membership in the Society, by Dr. Hubert Straten of Chicago, was accepted as formal by the Society and Board of Censors.

Regrets were presented from Dr. J. A. Biegler and Dr. Isaiah Dever.

The reading of the Organon §§ 148-149, by Dr. A. B. Carr, was followed by an essay by Dr. Leggett, the subject being extended to section 162.

§§ 148-162.

The preceding sections clearly indicate to us the only method of learning the pure effects of medicine upon the human system; together with the only possible means of evolving a pure *Materia Medica*, upon which the profession can rely in time of need.

Having instituted the system of provings, having evolved the *Materia Medica*, Hahnemann interpolates the Section 148, in which he simply gives his opinion of the action of the proven drug upon the sick similar. He regards the restoration of the patient, or what we call the resolution of the disease, as a displacement of the sick miasm by the medicinal miasm, whose effects are soon lost in the increased strength of the vital force.

This theory of Hahnemann recalls the well known proposition in Physics, of the two bodies of equal size, which with equal

velocity, approach each other from given points, attaining perfect rest at the point of contact. From which proposition we deduce the corollary that the velocity or size of the bodies being unequal, the pressure so swerves the point of contact, that the distance covered is in favor of the greater force. Now, applying the proposition and its corollary to our own branch of science, the forces become, respectively, the sick and the medicinal dynamis. Or we may, instead, conceive of the medicinal force as a lever which lifts from the vital force the depressing influence of the sick miasm, and so gives to the restored vital force opportunity to reorganize and reinvigorate, indeed, in some cases, to reconstruct the organism. But, however, we may regard these theories, the value of the wonderful discovery remains the same. A drug able to create a similar sign picture in the human organism will cure a similar disease picture; while the theories await proof in the discovery of a method by which to measure the two imponderables the sick miasm and the medicinal force.

It is a fact very familiar to the profession that medicines administered in dynamized doses affect the organism only at disease points; while crude medicine affects the whole organism according to its toxic power. The same truth is scarcely conceivable to one unversed in the observation of these peculiar effects. It is hard to convince, with words, the man whose toe has just been horribly crushed by the weight and steel of his horse's hoof, that a dose of *Arnica*^{ca} is going down to that toe, there to work much more effectively than a bandage saturated with the same potent drug, of which he has heard the value since his infancy. But where words fail, *results* triumph. The patient, at the end of twenty-four hours, examines his bruised member to find that almost every trace of the purple hue and points of blood extravasated through the pores has disappeared. He is then inclined to believe that the physician has performed a miracle, instead of having followed, as he has really done, the divine law of healing. It is impossible to argue the point with him, that in certain organisms, in case of laceration of the tissues, the crude drug would have produced stiffness, bruised sensations, echymoses, etc., or even erysipelas.

So, also, we find other drugs, in their dynamized form useful in ratio to their destructiveness, when administered in crude and toxic doses.

In fact, when sickness is cured by the potentized similar, we find left in the system no drug effects from which the patient must make a long and often doubtful recovery.

Is it possible for a crude dose of opium to cure the complaints caused by fright, without producing some of its train of toxic symptoms; more or less excitement, followed by stupor, sluggishness of the whole system, constipation, etc.? Yet turn to the context recommending "proportionate doses," and consider the well-known results of these doses, with their happy faculty of reorganization without disorganization.

In section 149, Hahnemann has anticipated the difficulties of the application of the remedy homœopathic in the case. It is well to bear in mind that a medicine becomes homœopathic only through its similarity; in other words, through the application. A medicine is not homœopathic, unless it fits the case. It is not homœopathic, because used by our particular school; not because it is prepared at a so-called homœopathic pharmacy; not because of its large or small pellets; not indeed, because of its potentization, although that belongs especially to the homœopathic methods of application. It is homœopathic, because it has been found to be similar to the sick signs before us.

That there is no possible short cut to the selection of the remedy for cases presented, except through the natural acumen and constant application of the individual prescriber, Hahnemann very clearly shows in the note attached to the first sentence of this section.

It is true that the practical application of a remedy teaches us more of that remedy than years of study from the books. Therefore, it will always remain true that the frequent practical application or need of certain remedies makes them more quickly recognizable than those more seldom needed; as we know those faces best which we meet daily.

Repertories are, even in their present incompleteness, of great use in indicating the direction of the search; but the memorization of peculiar symptoms belonging to one medicine is of little use, unless one can recall the whole group of remedies containing the symptom or sign, which has seemed striking or peculiar in the picture presented.

Given the symptom of: "fluids return through the nose" routine prescribers at once point to *Lachesis*. Yes, but what is the matter with the patient? The babe is seven weeks old, and sneezed with

the first breath it drew. The mother had cold (?) before it was born. It has had snuffles ever since, causing it to fret and waken when it falls asleep, because of the stuffing up of the nose. To find the appropriate remedy has been an exceedingly difficult task. After an attack of aphthæ, it is suddenly taken with a choking cough, especially every time it drinks. The "fluids return through the nose." It sleeps but a very short time. It wakes coughing, choking, fretful, hungry. To lay it down is almost impossible. Quite warm drinks seem to cause greater choking. It cries, returns to its bottle, several times before it can swallow without coughing. Now, there are fourteen remedies chronicled with: "fluids returning through the nose;" but the < of cough from drinking, the < from rest and lying, the quite evident cause in a catarrhal condition, lead to a prescription of *Lycopodium*^{71m} (F.) Results show that the case is covered, as the child is restored to comfort.

There is no short cut to the selection of the remedy; but we may look for increased discernment in the practitioner whose observation is in constant training. He naturally pays less attention to the common symptoms, i. e., symptoms common to many drugs and sicknesses, and more readily sees that which is strange or peculiar in the case before him.

If he is a close observer he has his record. If he has a record, he examines for variations since his last visit. Finding them, he measures the strength of the remedy in the case, the strength of vitality in the patient, and in time, he arrives at the solution of the many complications, or apparent complications that arise.

In an acute disease when the correct solution has been made and the medicine administered in the "proportionate dose," section 149 teaches us to look for a subsidence of symptoms within a few hours, if the sickness is recent; within a few days, if the sickness is of longer standing. That the members of this Society have repeatedly proven these assertions to be facts common to the experience of all homœopaths, there is little doubt. There is little doubt, also, that, under the circumstances they were correspondingly happy.

In acute disease, well-developed, the symptoms being few and prominent, they can usually be covered without trouble. During the prodromic symptoms the selection of a remedy is not so easy; nor is it easy when the case has been previously medicated and therefore confused. If time is no object, one can wait until the

effects of former medication or prodroma clear away, when the situation becomes wholly evident; but in more advanced cases of diphtheria, pneumonia, etc., the most careful consideration must be given to the history, the symptoms persisting in spite of treatment, previous knowledge of the patient, etc. These are the cases in which "haste makes waste;" as Dr. G. so happily illustrated, at the September meeting, when he said that the reason for care in the first prescription was "to prevent loss of time."

So, also, if the prescriber made error in the first prescription given while the case was still undeveloped, or while it was confused from either of the causes mentioned, he must consider, before all else, the persistent symptoms; allowing far less importance to such as may have arisen under the medicine.

Of course, we here speak of prescriptions that make an impression; not of those which have had no effect.

The reason for careful record of the case as first presented, is to determine the value of the prescription, the progress of the disease toward resolution or death; and, further still, in case of error in the selection of a remedy, to discover wherein the error lies.

A cold, an acute bronchitis seems a simple case to treat; yet, let a patient come, whose theory is that "whiskey cures most colds," and the physician at once sees the difficulty of his position. He is prevented from giving a prescription based otherwise than upon his patient's idiosyncrasies or usual developments under similar conditions.

Aggravations of the most painful symptoms, lasting but a short period, are often met in acute disease, but the prescriber will usually find some symptoms in temperature, some motion of the disease symptoms, or other peculiarity that bids him hold his hand. In the most typically covered cases, there are no variations of symptoms, no change of symptoms, except it may be in intensity, and they simply grow lighter, until they disappear; but as Hahnemann says: "there can be few cases in which the symptoms of the medicines cover those of the malady with as much precision as a triangle would do, in regard to another whose angles and sides were equal to its own." In cases where we find a short, sharp aggravation with no additional symptoms, followed by gradual resolution, we have little more to do in the case than to see that it has proper care. There is nothing to

clear up, nothing to finish. All things, under the one "proportionate dose," concur in the restoration of perfect health.

Repetitions seemed needed by the "insufficient remedies" only. These are, perhaps, in these instances, the only ones to be found. Then, we find the case lingering and unsatisfactory, perhaps, even the awakening of the previously latent miasm.

Our knowledge of the action of potentized medicines, in the cure and prevention of hitherto incurable conditions, causes us to reject Hahnemann's expression, referring especially to measurable quantities, i. e. "smaller dose." (Par. 159 and others.) We prefer an expression referring to the dynamis or force used, and so say potency, as best expressing our meaning.

In acute or natural diseases, the general manifestations are the same, according to the period elapsed since inception. We have, therefore, less need to learn the entire history of the patient, as the peculiarities of the individual expression at once become prominent.

In sub-acute manifestations, generally due to habit, environment, etc., a removal of the cause, a change of scene, etc., may bring about the cure without medicinal aid, although it is probable that with carefully selected remedies, we may hasten that desirable condition.

When it is impossible to remove or overcome the irritating cause, the prescriber has not only his hands full, but many times, his heart also.

In constitutional disturbance, of which the progression is from below upward and from without inward, each expression being more pronounced than the one preceeding it, we have what the annals of medicine have never before known: the constitutional treatment. Here homœopathy in the hands of an expert homœopathician, has the advantage of the whole world of medicine. Here, the use of the word "cure," so often heard, ayé and fought for, differentiates our methods from those of all Schools. Cure (?) according to the accepted use of the word, among Regulars and even among many who call themselves homœopaths, means but the disappearance of a local manifestation: an ulcer, a tumor, hemorrhoids, a leucorrhea. Now the local manifestation of a disease is not a disease *per se*. It is only the expression made by the vital dynamis in its efforts to throw off the depressing influence of the sick miasm. The removal of a local manifestation, in such conditions, only leads to a localiza-

tion deeper and nearer to the vital organs. It increases the force and activity of the sick miasm or disease, as surely as the damming of a stream increases the power of that stream for destruction. Exceptions may exist, when after long and carefully considered constitutional treatment, this result or local manifestation causes such discomfort, by its persistence, as to blind the prescriber, and to irritate the patient beyond endurance. Then, it may become necessary to resort to mechanical relief.

The constitutional is the only possible treatment with which to meet this disorganization of forces. The individual who is subject to fevers is constitutionally sick; so, also, the one who is subject to headaches, and it is not enough that the fever or the headache be cured. The tendency to the repetition of these manifestations must be cured, as well. Indeed, many times, it is almost impossible to find a remedy for the acute attacks of headache; but the remedy covering the totality of symptoms in the patient, gradually produces the cure of what would eventually develop and progress to fatal termination. These manifestations are what we call exacerbations of chronic conditions. At short intervals, the patient is sick. It may be with a repetition of some one condition, as headache; or the disease may, early in the development of disease, assume a progressive form. But, in a curable case, a careful study of the various manifestations, the careful selection of a remedy that covers, or produces such manifestations, will gradually restore the healthful action of the vital dynamis.

To illustrate our meaning, we cite the case of a patient who complains of violent attacks of pain in the stomach, which the doctors had been unable to relieve without opium. In the pit of the stomach there was a pain the size of a silver dollar, constant, burning, aggravated by some foods and by the necessarily irregular meals. The history of the case disclosed a development of hemorrhoids and their cure with *Aesculus-hipp.*, by a good homœopath, a few months before. A short time previous to that, the patient had awoken from his daily sleep, thirsty and calling for water. Before the water could be brought he was seized with a spasm of the larynx. Since then, there has been occasional, but less severe attacks. The choking with sensation of the ball in the throat, the throbbing of the hemorrhoids (which symptom had been missed by the former prescriber) and the burning of the stomach led to a prescription of *Lachesis*^{4m} (J).

giving the warning that if the patient should feel worse for a short time the change would, in itself, be a good sign.

The prognosis was verified. The choking was worse; the stomach was worse; even the hemorrhoids returned. The < lasted two or three days, without additional symptoms. Then, improvement began, and it continued several months (as long as the patient remained in Syracuse), with but one repetition of the remedy.

In constitutional conditions, the localized symptoms for which relief is asked, are not alone to be considered. There are, beside, the general conditions of the patient. The general group of symptoms comes first. The particular and local < come last and help to individualize.

The short, sharp < without additional symptoms, is the very best prescription we can make in restoring the vital dynamis to healthful action. Without improper interference through medicine, it will lead to the cure of the patient, as well as his stomach.

If, after a prescription, the patient claims to be greatly improved we turn, at once, to the records and weigh the symptoms. We do not assert that the local manifestations may not be relieved immediately by the exact similar; but simply that in a case of long standing the constitutional condition may be disturbed and a reversed order of symptoms established, or that there may result a *desirable* prognosis from above downward or from within outward.

In illustration of the progression from above downward, we shall refer to the case quoted, in which a "return of fluids through the nose" was a striking and peculiar symptom. The prescription was given upon a Sunday, *Lycopodium*^{11m}. At the next visit, on the following Tuesday, the report was: a bad night following the prescription; frequent waking, choking, coughing and vomiting; cough even during sleep; cough from drinking, etc. There was not only < of the general symptoms but additional symptoms had developed. And withal, there was a slight indication of improvement and a quite downward motion of all conditions. The nasal symptoms were slightly better. The face looked relieved. less puffy, etc. The new picture was exceedingly like *Lachesis*. The understanding of the physician warned: "wait twenty four hours. If the symptoms still call for *Lachesis* then it will be time to give it." The next day found the babe better. It had

slept through the preceding night; waking but three times to take its milk, and taking the same with much less coughing, crying and choking.

A patient under constitutional treatment, after saying she was sick and after having been carefully watched for two or three days, without being subjected to even apparent medication, said to me: "How did you ever learn to wait?" I replied: "By finding that hasty prescriptions only confuse matters and waste time."

We have all had experience of diseases made incurable by medication. We know how, in the case of cumulative drugs, the drug symptoms continually reappear, and are recognizable, when we are aware what substances have been used. In deeply mercurialized cases, we always find a group of symptoms belonging to *Mercurius*, or to one of its antidotes that will probably last through the lifetime of the patient. Other drugs can be antidoted according to their toxic power and to the depth of disturbance caused.

S. L. GUILD-LEGGETT.

The discussion was opened by Dr. Stow, who expressed himself well pleased with the expenditure of the time, money and strength with which to attend the meeting of this Society. This paper alone, was well worth the journey.

Dr. Carr also, spoke some words of commendation.

Dr. Stephen Seward, noting Hahnemann's quick cures, cited *the case* of a man brought in *from work in the woods* one very cold day, so chilled and exhausted, that he was hardly able to stir. He was immediately put to bed, and given *Aconite*^{6x}. In a short time a profuse sweat supervened with relief of all distressing symptoms and after effects.

Dr. Hermance, notes the frequent < after prescription, in acute disease mentioned by Hahnemann. In a cough treated with different potencies of *Natrum-mur.* he found no < from the ²⁰⁰, but had a fearful < from the ^{1m} lasting twenty-four hours. He found the most permanent and beneficial results from *Natrum-mur.*^{1m}.

Dr. Carr thinks that the experience of the writer with *Lachesis* is common with that of most practioners; that, in acute disease *Lachesis* is always followed by an <. He always expects it. In a case of diphtheria, with the disease well established, he would expect an < of the local manifestations to be much modified during the same period. The point he always explains to the family, or to such as come for medicine; saying that if the throat is worse, the patient may be better. He had found a

peculiar remedy indicated in a recent case of scarlet fever, which he would like to report.

HYOSCYAMUS IN SCARLET FEVER.

December 17. Mr. H. K. reports that his son, H., aged 7 years, seemed so dumpish yesterday that he gave him a dose of *Bryonia*, and although he was about all day, he had no relish for food. At ten o'clock in the evening, he had awakened and vomited, and again at midnight. This morning is very thirsty, and is nauseated directly after drinking. R. *Lachesis*^{cm}, 1 powder, Placebo every 3 or 4 hours.

At 9 p. m. the doctor was called to the house as he had complained much of his throat. Found the left tonsil very red and inflamed, with great restlessness and aching. *Lachesis*^{cm}. immediately, placebo in solution every two hours.

Dec. 19, noon. Reports some improvement yesterday afternoon, but about sundown because more feverish and restless, and about 8 p. m. was quite delirious. Delirium continued all night; very loquacious, talking to persons not present, thinks his mother offers poison in his medicine, imagines he is counting money, that the door is open, that friends are about leaving and saps "Good-bye" to them. Tongue red on tip; scarlet rash covers body. Pulse 180, temperature 104½. *Hyoscyamus*^{cm}. immediately and at midnight if necessary. Placebo, two teaspoonfuls, in solution, every two hours.

Dec. 20, noon, Pulse 112, temperature 101¾, respiration 28. Was delirious with hallucinations, seeing and talking to persons not present, with desire to go and to go home. Peevish, fretful, easily angered, with tendency to strike until 5 o'clock this morning. The second dose of *Hyoscyamus*^{cm} was given at midnight. Since 5 a. m. the fever has abated and he has remained perfectly rational. The rash is well out and covers face and body.

Placebo, continued every 2 hours.

Dec. 21. Pulse 112; temperature 99.4-5, stool at 11 p. m. and at 7 a. m. quite natural in color and consistency. Feels first rate.

Placebo continued.

Dec. 22. Pulse 96, temperature 99½. No stool. Rash is growing pale. Is becoming hungry. Placebo continued.

Dec. 31. Reports that he wants to get up. Has been perfectly well. Desquamation is about complete. No medicine. Discharged.

ALLEN B. CARR.

DR. STOW refers to section 148 as being simply a theory as to the possible action of the homœopathically selected remedy, and quotes DR. OLIVER WENDALL HOLMES as saying in his essay, that it was "all vapid nonsense." Hahnemann gave the opinion, as a probability not as an indisputable fact, and whether the theory of recoils, or that of vibrations with final equilibrium, be its manner of action, it is difficult to express that theory so that all may see from the same stand-point. The fact that the drug administered to the healthy, creates a picture that is often seen in the sick, and that the application of the drug that produces that likeness, cures, experience has many times verified.

DR. HERMANCE, mentions an article in the *Homœopathic World* in which the writer, not a physician, argues that the homœopath is right in practice but wrong in theory, while the allopath is right in theory but wrong in practice, i. e. that medicines applied "like to like" act contrarily.

DR. JOHNSON, believes it to be a well known law of physics, that vibrations reach an equilibrium when alike, not when unlike, or contrary.

DR. HUSSEY agrees that, although theory may be unnecessary, that the wave theory seems the most satisfactory, the fact still remains that the drug producing similar effects to a sickness, will cure the sickness.

A VENEREAL CASE.

The treatment of venereal diseases by pure homœopathic methods has been the despair of many young and struggling physicians; not because of the inability of the homœopath to cure these conditions but because the prevailing suppressive methods seem to present so much superiority in point of time.

If it were true, that every case of suppression were followed by persistent trouble in some other portion of the organism, the position of the Hahnemannian would be easier to maintain; but there are many cases of "suppression," followed by no trouble at all, and these will be pointed out as examples of "quick" cures.

Knowing, as we do, the certain efficacy of pure homœopathy to cure these cases, it seems exasperating that we must make a losing fight against methods we know to be false in principle, and pernicious in results.

Once in a while, however, we get hold of one of those "quick cures" in which the suppression, has been followed by a train of symptoms, that nothing but pure homœopathy can eradicate; and

the brilliant manner in which many of these cases are cured, sometimes makes us wonder, if it would'nt be a good stroke of policy to suppress all the primary cases, and then cure the results of the suppression. I wish to present for your consideration, to-day, a case of suppressed gonorrhœa, and in regard to my own short comings in the case, I can only, that I knew better, and earnestly begged my patient to stick to pure homœopathic methods; but when I found I could hold him in no other way, I yielded, which was foolish, but managed to make a "garrison finish" at last.

In the winter of '88-'89, J. F., a painter presented himself to me with a suppressed gonorrhœa of recent origin. On account of the inflamed condition of the glans, the pain and evident distress, I prescribed *Aconite* which happily relieved all the severe symptoms in a few hours, but did not restore the discharge, which I assured the young man must be restored before he could be entirely cured. After the inflammation subsided there were no symptoms; but I gave at intervals *Thuja*, *Pulsatilla* and *Sulphur* without bringing on any discharge, and then as he seemed well, he stopped coming to me, thinking that I had been mistaken about the desirability of restoring the discharge. In a few weeks he was back with quite a cauliflower excrescence on the frænum.

Again I gave him a dissertation on the evils of suppression and went to work with my repertory. *Thuja* was the first remedy selected, and much to my chargin had no effect on the growth, I used the remedy low, not going above the 30th. The symptoms were meager and I prescribed for the general condition at various times *Nitric Ac.* and *Sulphur*; but after a few weeks the growth had slightly enlarged, and a chum of the patient informed me he was going to Rochester to have it burnt off. Disgusted with my failure I sent for the patient, and lightly touched the growth with *Nitrate of silver* which caused it to shrivel and disappear.

I applied the caustic three times in all. A few months after this he was very sick and was attended by an allopath. From that time he was not well or strong, but his illness was attributed to his work in part. His skin assumed a peculiar greenish-yellow pallor and he had fearful times with his stomach. He became subject to peculiar fainting fits, and was saved fatal falls from the scaffold many times only by the fact that he always had a warning when the fit was coming on, and had time to lie down on the scaffold. This condition kept up until the autumn of

1893, when he came to me with the palmar surface of his hands and fingers covered with hundreds of warts. The warts were not large but each was surrounded by the densest callosity I ever saw. The hand was very sore and stiff. He had not come to be treated but to get a preparation which he knew I had successfully used in removing warts. This was *acetic acid*, one or two applications of which will remove a common wart without inflammation or trouble. Recognizing the cause of his whole trouble, but being piqued that he had not come to me before, or did not say anything about the suppression, I gave him the acid. He applied two or three ounces without having a particle of effect and at last came to me for treatment.

When I told him that all his trouble came from the old suppression, he believed me, and was ready to follow my advice to the letter. Again I selected *Thuja*, this time in the 200 and gave him six doses at intervals of two hours. This was on Oct. 10th, 1893, and on the next morning he came to me with, "Doctor, its running like the hand."

And then you should have seen those warts disappear. Some of them fairly dropped out of the hand leaving holes in the caloused skin. The greenish-yellow pallor disappeared, and the stomach trouble was no more; but the "running" kept up as if to compensate for the four years of suppression.

At first I did not mind it, but after discharging through Oct. and November I began to change the Sac Lac for various remedies which I fancied were indicated. Remember, every bad symptom was eliminated, there was simply a thick creamy discharge without pain. Under *Pulsatilla* 200th this was reduced to a certain small amount which remained unchanged in quantity or character through December, January and February and on March 5th 1894, I prescribed *Natrum Sulph.* 30th on the symptom, thick, yellow, green, painless discharge, and on March 22d he informed me that he was well and he has remained perfectly well ever since though he has been working in paint all summer.

WALTER W. JOHNSON.

DR. CARR has observed that many young practitioners have the same experience. It is an ugly experience, but can be overcome through care and observation.

DR. BAMBER believes that *Sycosis* is the result of suppressed gonorrhœa, but had seen cases locally treated, that showed no signs of suppression, after an lapse of two years. After repeated

failures to cure gonorrhœa. he had finally refused to prescribe for such cases.

DR. CARR *knows* that at sometime in the life of a patient in in which true gonorrhœa has been suppressed, there will develop deep constitutional disturbance. He has had patients in whom gonorrhœa had been suppressed twenty years. The late DR. SCHMITT taught a remarkable lesson in this direction, showing that frequently, when a suppressed gonorrhœa was followed by other ailments, as a rheumatism, that resisted apparently indicated remedies, it could only be cured when treated as sequella of suppression, and accomplished by restoration of the primary discharge.

DR. LEGGETT had met cases of twenty-five years suppression.

DR. HERMANCE suggests two distinct forms of urethritis, simple urethritis and true gonorrhœa. He cites a case, and the cure of *Sycotic exerescences*. The symptom indicating the prescription of Sulphur was a severe "*burning of the hands when washed*."

PHLEGMASIA ALBA DOLENS.

September 21. Mrs. E. G., 39 years. Multipara. Has had one child, now eleven years old. Is in the last month of pregnancy. Urine specific gravity 1.010. Alkaline, no albumen, no sugar. Appetite good, but after eating has sharp pains in epigastrium and left breast and is relieved by belching. Very much constipated; must take cathartics almost daily. Much dizziness with pains in stomach. Awakens frequently at night with faintness and much eructation, bitter, sour. Food vomited with difficulty. Walks the floor most of the night for relief.

Nux-Vomica cc. morning and night, or three times a day.

Sept. 24.—Has felt greatly improved since taking the above. Stool natural. No distress in stomach. Has slept much better. About ten o'clock a. m. began to feel threatening of labor pains. Sent for the doctor at 3 o'clock and at 3:45 was delivered naturally of a healthy girl. A dose of *Aconite* cc. arrested a threatened chill after delivery. Placenta was delivered naturally and complete.

Arnica cc. solution, every four hours for four doses.

Sept. 25.—Slept considerably toward morning. Some pain in lower abdomen with considerable eructation and discharge of flatus. No soreness of the abdomen. Pulse and temperature normal. Urine natural and without pain. Nursed infant.

Colocynt^h3^m. Four doses six hours apart.

Sept. 26.—Was only partially relieved by the *Colocynt^h*. Now the pain is principally in right inguinal region and is aggravated by eating; relieved by eructation and causes great restlessness. During the pain must lie on the right side for relief. Feels so full after eating but little.

Lycopodium^{cm}. One dose at noon.

Sept. 27.—Had natural stool yesterday at 5 p. m. and slept well last night. Pulse and temperature normal. Has abundant supply of milk. Appetite and thirst natural. Tongue clean. No medicine. Discharged.

Received favorable reports of progress until October 3, when I was again called. Found that at 4 o'clock the day before she had a slight chill and at 5 began to have sharp pain in the left calf, greatly increasing so that she could not sleep and is now suffering intensely. Calf is swollen and hard with pinkish streaks. Pulse 106, temperature 102 2-5, face pale, tongue yellowish. No stool, urine natural.

Lycopodium^{cm}. One dose at noon.

October 4.—Was relieved by degrees, but pain continued quite severe all day and less frequently during the night so that she slept considerably. This morning tongue is nearly clean, temperature normal and pulse 88. The leg is very comfortable when quiet, but very sensitive to touch or motion. The swelling is diminishing. Stool yesterday afternoon, dark. Breasts are comfortable except slight soreness of nipples.

Placebo every two hours.

October 5, 9 P. M. Had an aggravation from four o'clock yesterday afternoon and restless, painful night. Some aggravation since four this afternoon. Considerable swelling remains, though less than before. Pulse 80.

Lycopodium^{cm}. immediately.

October 6, 2 P. M. Was much more comfortable last night. Slept quite well. Swelling on leg is less and much less sensitive to touch. About ten o'clock this morning had sudden blindness and dizziness, followed by a sharp headache. Pulse 100.

Belladonna^{cm}. immediately.

October 7, 10:15 P. M. Much less headache. Slept well all night. Had stool yesterday. Swelling of leg much less, and hardness nearly gone. Relished her breakfast better than for

several days. No thirst. Has had paroxysms of headache since 11 A. M. coming and going suddenly.

Belladonna^{cm.} immediately.

October 9. Has had no headache for the past 36 hours, and has no unfavorable symptoms. No pain in leg; swelling and hardness have entirely disappeared. Has sat up for two hours without aggravation. No unfavorable symptoms. Pulse 72, temperature normal. Stool and urine natural. Sleeps well.

Placebo every three hours. Discharged.

ALLEN B. CARR.

DR. CARR would like to ask the cause of the development of milk leg in this case?

The patient had never before been under homeopathic treatment. The first few doses of medicine controlled the restlessness and constipation. Three days later this was followed by an easy, rapid, natural labor. Forty-eight hours later, symptoms of colic with flatus and eructations were fully controlled by *Lycopodium*^{cm.}

A week later he was called upon to prescribe for pains in the leg, that had been ushered in with a marked chill at 4 p. m. *Lycopodium*^{cm.} controlled until forty-eight hours later when there was again a chill at 4 p. m., with increased pain, sensitiveness, swelling and slight redness. *Lycopodium*^{cm.} again controlled until the following morning at about ten o'clock when there occurred sudden blindness, and vertigo, followed by a sharp headache. The pulse was 100 and globular, *Belladonna*^{cm.} was followed by improvement. The next day having paroxysmal headache, coming and going suddenly, she received another dose of *Belladonna*^{cm.} with continued good effect. Discharged at end of the week. query, had *Belladonna* been the remedy from the beginning?

The paper was approved and accepted.

DR. ROSS cited a similar case, cured by him in five days. After a short discussion DR. GRAHAM followed with a paper on

CÆSAREAN SECTION VERSUS EMBRYOTOMY.

There is no problem today that so discomposes a physician, nor one that must be approached with more caution and conservatism, than the decision between the two operations, Cæsarean and Embryotomy.

The decision of methods in these cases, is not always left to the surgeon. Religion has entered into this great question. We

may find intelligent, well disposed people, who are competent judges in the ordinary affairs of life, who in this one case allow a matter of belief to supercede all other points of a subject, and in another, similar case, among different people, find quite opposite opinions held justifiable.

A question arises as to the respective value placed upon the lives of the mother and her unborn babe with its undeveloped faculties. The decision between the above mentioned operations, is often determined by the religious faith of family and friends, instead of the well known skill of the operator.

Called in consultation, not long ago, where the forceps had failed to accomplish delivery, and the indications were marked for craniotomy. We asked the priest his opinion as to the choice of operations, he replied: "the Cæsarean section. It is contrary to the laws of the church to perform craniotomy."

Fortunately, patience, turning, and the forceps saved the woman from being subjected to the dangers of Cæsarean section; the death rate of that operation being forty or fifty per cent.

During the past year and a half, it has been my lot to perform three craniotomies and one Cæsarean section. There is nothing in the practice of medicine so utterly repugnant to me, as these operations. There is nothing from which I so shrink, and use every possible means to avoid, until both patient and physician are exhausted.

One cause of the enormous death rate in Cæsarean section is due to exhaustion. After a long tedious labor, in which forceps may have been applied with much force, or version have been accomplished, a condition closely resembling collapse, unfits the patient for the formidable operation to follow.

In December, 1893, Dr. Ross called me in consultation, upon a case that he was unable to deliver with the forceps. The woman who had been in labor 36 hours, was exhausted. The pulse was fluttering, and impossible to count, and there were other signs of failure of the heart.

Unwilling to perform craniotomy until I had made an attempt with forceps, I exerted all my energy in an effort to deliver by that method and failed.

The child was large, the mother fleshy, the pelvis was about three inches in sacro-pubic diameter; the child had been carried far out over the pubis. In the beginning of the operation the heart was so weak as to cause me to fear for the life of the patient.

However, I perforated the head, removed a large part of the skull and brains, and then found the resistance from the shoulders so great, that I could do no more. After these efforts proved futile, and with a patient in apparent collapse, I was forced to make a Cæsarean section.

The operation was satisfactory, there was but little blood lost, and apparently no blood had found its way into the abdominal cavity.

The placenta, attached to the exact point of incision, was peeled off and removed with the child. The uterus was cleansed. The hemorrhage was controlled by the use of the hæma-static forceps. The wound in the uterus was closed and contracted nicely. The abdomen was closed as in laparotomies.

The patient came out from the anæsthetic nicely; but the heart remained feeble and rapid. The next morning there was bloating over the stomach, which increased during the day until there was extreme tenseness. The bloating did not extend to the lower abdomen. With this exception the patient was doing well. Deciding that it would be well to relieve the accumulated gas in the stomach, with the stomach-tube, I resolved to act upon this decision in the evening. In the evening I found that the patient had expired just before my arrival.

This was a surprise. The patient had lived twenty-four hours since the operation, there had been no appearance of inflammation, and had there been, there had not been sufficient time for inflammation to do its work. I became satisfied that the pressure of gas against the feeble heart, caused death, and should again make an early effort to remove the pressure with the stomach tube.

After capital operations, there is usually, inactivity of the stomach, caused by shock. Consequently nothing is administered through the stomach, during the first twenty-four hours.

Possibly the food taken before the operation, and still undigested, had fermented, causing the gas. It is a matter for regret that lavage was not undertaken as soon as distension was noticed.

The circumstances calling for Cæsarean section are rare. Sudden death of a woman far advanced in pregnancy, with knowledge of belief that the child still lives, would be a good reason for a hasty operation, even then, life would seldom be saved.

The operation should never be performed except as a last re-

sort, and to save the mother. The mother should never be exposed to great risk to save the child.

The great mortality attendant upon Cæsarean section is undoubtedly due to the unfavorable circumstances under which it is performed. In fact, it is rarely performed until the patient is so nearly exhausted by the other methods attempted for delivery, that the chances are greatly lessened.

There is little use in attempting embryotomy, when the conjugate diameter is $1\frac{1}{2}$ inches or less. With the child large, the os dilated, an early Cæsarean section is justifiable. The child carried well out over the pubis, greatly complicates matters, in the operation for embryotomy.

Symphysiotomy would be only effective, when a small amount of room is required. If a large amount of room was necessary, this operation would be a failure, as, although the pelvis is enlarged laterally, and in circumference, the conjugate diameter is but slightly increased, and that is the most essential diameter for relief.

The time required for the pubis to unite is about four months. There is also, a probability that the pubis will be weakened. These, and the small increase to the conjugate diameter, and not the danger to life, are the serious objections to the operation.

Craniotomy, becomes an unavoidable necessity in some instances. To decide when each necessity exists, unless sure that the child is dead becomes a painful and solemn duty.

I have performed two craniotomies during the past year with but slight shock to the patients. They recovered quickly, and were able to sit up as early as in normal labor.

The results from the operation in a head presentation, are better than from version and delivering the body first.

As a resume with reference to choice of methods, it is beyond question that the mother should benefit by such advantages as result from embryotomy, and that Cæsarean section should only be a last resort.

M. E. GRAHAM.

DR. STOW not knowing the subject upon which DR. GRAHAM was to write, had not prepared himself for this discussion, could therefore, give only such statements as his memory recalled.

He had performed four craniotomies and had assisted at one Cæsarean section. In the case mentioned by DR. GRAHAM, where, after the evacuation of the head, he found obstruction from the shoulder, it was suggested to his mind, that a director

with a sponge smeared with clear lard, might relieve the difficulty. In a case of the kind in his own experience, after well oiling the left shoulder in that manner, he had succeeded, with the left hand as guide and a blunt hook, in bringing down, first the elbow, then the hand. Then immediately the right shoulder veered into the same position, which he succeeded in delivering with the blunt hook.

In a late number of the *Homœopathic Journal of Obstetrics*, edited by DR. GEO. W. WINTERBURN, is a synopsis of the comparative merits of the Cæsarean section, of Craniotomy and of Sympphysiotomy. The conclusions drawn from the articles, are: that the last named operation, promises a much smaller percentage of risk to mother and child, than either of the first two operations. In such cases of grave moment, *no invariable rule can be laid down for the guide of the obstetrician*. The condition and idiosyncrasies of the parturient woman; the stage and state of labor; the reckoned size of the fœtus; the kind of pelvis, and the several diameters thereof, must govern the practitioner in his work. That DR. GRAHAM did the best possible for his patient, is probable. One thing ought to be done. Obstetrical surgery may, and ought in some way to be simplified. In nearly all cases, where the death of the fœtus is certain, the dismemberment of the fœtus can be, with some difficulty effected. After the cranium has been crushed and its contents removed, the case may be terminated by pœdalic version, or dismemberment. But, for the latter purpose, our best instruments may be vastly improved, and whoever produces the best, will certainly merit the appellation of benefactor.

DR. ROSS described the circumstances of DR. GRAHAM's case of Cæsarean section. Thought the child weighed twelve pounds, Further cases were cited.

The president had appointed DR'S CARR and STOW, to prepare for this meeting Resolutions concerning the death of the REV. C. P. JENNINGS, M. D., S. T. D., and called upon the chairman for the same.—(Resolutions previously issued.—ED.)

The resolutions were accepted and recorded. The Essayists for the next meeting were:

Organon 162-172. DR. R. C. GRANT.

Medical subjects, DR. E. V. ROSS, DR. WM. H. BROWNELL.

Adjourned to Syracuse, March 21. 1895.

S. L. GUILD-LEGGETT.

Institutes of Medicine.

"THE WONDER OF HYPOTISM AND THE TRANSFER OF SENSATION FROM MEN TO INERT SUBSTANCES"

BY HENRY GAULLIER.

In the December number of the *Arena* there appears an article under the above quoted heading. I was much interested in its perusal, which also will interest the readers of the HAHNEMANNIAN ADVOCATE. I will undertake a review of it, and hint at some of the thoughts which it has inspired in me.

The author is avouched for by CARL SCHURZ in the following communication addressed to the editor of the magazine mentioned.

"In reply to your letter, it gives me great pleasure to say that I have known M. HENRY GAULLIER for many years as a gentleman of excellent character, and I regard him as a writer of uncommon ability."

The article in question begins thus:

"Few of our modern attempts to solve scientifically the great mystery of life have led us to more astonishing results than the discoveries made recently in Paris by COL. A. DE ROCHAS, the well-known scientist and director of the Ecole Polytechnique."

Concerning DE ROCHAS the author says:

"COL. DE ROCHAS is too well known to the scientific world by his numerous works on hypotism, and his constant studies of hypnotic phenomena, covering a period of fifteen years, to need an introduction from the writer to the American public. Connected with the great scientific institute where both military and civil engineers of France acquire under the government's direction the highest possible degree of human knowledge in the various branches of their profession, COL. DE ROCHAS has attained, outside of his official duties as 'Administrateur' of that well known institute a world-wide celebrity as a skilled experimenter and conscientious investigator of scientific truths."

As regards the *discoveries*, the author continues:

"The discoveries made lately by him and confirmed by the

experiments of others in the several hospitals of Paris, can be told in few words; but simple as they are, so far as the establishment of facts are concerned, these discoveries lead us far away from the current opinion of mankind, and of physiologists in particular, on the nature and extent of our organic sense of feeling; they upset our present knowledge of the territory to which our nerves are said to be confined; they show us conclusively by well established facts based on strictly scientific methods, that under peculiar conditions our nerves—physical perceptions by the sense of touch, extend outside of our skins; and that the faculty of perceiving such sensations, apparently lost in the mesmerized state, can be transferred for a certain time and at a distance to inanimate substances like water, wax, metals or cloth."

As to the *experiments*, he says further, after reference to several previous discoveries and experiments made at different times extending back to as early a period as 1856, when "a celebrated Asutrian chemist, the BARON VON REICHENBACH discovered the '*luminous effluvia*,' or phosphorescent like emanations from animals, plants, and magnets," down to the recent ones of COL. DE ROCHAS.

"He hypnotized at different stages two different subjects at the same time and in the same room. Let us call them A and B. A reported that he could see a luminous or phosphorescent coating on B's body; he could see, besides, that B's eyes, mouth, ears, nostrils, and finger-ends were emitting a flame-like light, blue on one side of the body, redish-yellow on the other. These openings seemed to act like escapes for these flames, which are independent from the skin. Did A see them because he was under a mesmeric influence, an illusion, or were they real?

A common glass of water was brought and put in the radius of B's luminous effluvia, as described by A, who could see how far it reached. After a few moments, A reports that the water itself has become luminous, and that it remains luminous for a long time, even if removed to the other end of the room out of reach of B's effluvia. B's sensitiveness has been made to disappear by the hypnotic process; but any touch or puncture of a pin or needle on the outside edge of the phosphorescent or luminous coating perceived by A's eyes, is immediately perceived by B. His body does not feel the sharpness of the needle, but the outer edge of the luminous effluvia, several feet away from the skin,

has acquired that sensitiveness lost by the body. And here appears a wonderful fact. *The water in the tumbler removed to the other end of the room has acquired that same sensitiveness.* If you pinch the water or prick it with a pin, B will scream that you pinch him; or prick him with a pin."

"The water" says COL. DE ROCHAS "loads itself with sensitiveness as calcium does with light; and the energy received radiates from it until it is spent or emptied."

COL. DE ROCHAS calls this "*Exteriorization of sensitiveness*" This statement leads us into a thought. What is sensitiveness? On what does it depend? On Life, of course. On vitality. Vitality, of all of the different phases in which Force is made manifest, is the most unstable. It is the most unreliable manifestation of Energy with which we have to do. It is the only one which refuses to be fitted to rules or measured with any degree of certainty. We can no more depend on it than we can on the shifting winds of a summer afternoon. Vitality is that element in Life which is involved when we are sick, and is the basis of our happiness when we are well. It is affected by cold; it is affected by heat; by exposure and by fatigue; and by all of the vicissitudes with which we are surrounded in the journey of Life from the earliest conception of the ovum in utero, to the last throb of the heart in youth, in the middle of life, or in old age. The sum of Vitality placed to the credit of one individual is no measure with which to judge of the same in another person. One person, animal, or plant comes into the possession of a degree of Vitality as it enters the struggle of Life, that makes it equal to every emergency with which it may come in contact; while another born under more auspicious circumstances and brought up in an environment far above the common, notwithstanding all of the care that can be bestowed upon it will never be made strong and vigorous. Therefore, "Life is ever uncertain."

On the other hand, the spirit-like force, the Creative Energy, which is in all things created, the Dymanis of matter, is always the same, unvarying and unchanging. So, when we come to experiments with Material things, we know with what we have to deal. Gold, silver, charcoal, silver, sulphur, aconite, belladonna, are never anything else.

Now, if the "*Exteriorization of Sensitiveness*," sensitiveness being only an element of Vitality, is possible; if this can be transferred to other and inanimate and inert substances, how

much more reasonable is it that other forces which are ever reliable and always the same, can be "Exteriorized," so to speak, and their Dynamic power transferred to other inert substances? How much more reasonable it is that a "drug-force" which is such a positive element in the World's make-up, can in like manner be handled.

A more detailed description of this experiment reminds me of our process of drug potentization.

"When B is awake and in his normal state, A describes the effluvia as a luminous coating on the skin; but as soon as B loses his sensitiveness under the action of mesmerism, the coating seems to dissolve itself in the atmosphere. Then it appears like a mist of smoke, which condenses itself and becomes brighter and brighter, till it takes again the appearance of a thin coating of light following all of the forms of the body at a distance of an inch from the skin. * * * Continue further the hypnotizing process on B, and A will see around B's body several new luminous coatings separated from one another by a space of about two inches. The sensitiveness of B exists then only on these coatings of light, and seems to be in inverse ratio to their distance from the skin. These coatings will extend from six to nine feet from the body. They will go through the wall, not being stopped by masonry; and they will appear in the next room through the wall."

And so it is with our potencies; they are as much more reliable and positive, as much more real, as is the Dynamis of Matter than the ephemeral element of vitality manifested in sensation.

Another experiment consisted in the preparation of a small statuette of moulding-wax; this was placed in the 'luminous effluvia' of B for several minutes and then removed. Prick this statuette with a pin and B would complain. Remove a lock of hair from B's head and plant it on the wax head and pull it and B would suddenly exclaim, "Who is pulling my hair?"

Another; a photographic plate was prepared and placed in the effluvia of the subject. This was a woman. After it had been thus exposed for several minutes, the subject was photographed on the plate. This photograph retained the sensitiveness for several days, and the woman could be "punished" at any time by, or through her picture.

Another; COL. DE ROCHAS experiments on Mme C—, in the presence of several gentlemen. The plate was taken to the dark-room to be developed; as soon as it was placed in the developing

bath, Mme—complained of cold chills; as if cold water was being thrown over her.

At the next experiment, Mme C— being asleep, the operator accidentally broke the plate; she fell suddenly into convulsions as if she was sick at the stomach.

Another experiment of COL. DE ROCHAS on Mme C—. He used the palm of his right hand to hypnotize her. He had a life size photograph of that palm taken. Mme C— was awake and sitting in a chair, not knowing what was going on the next room. Then one of the assistants, being concealed by a screen, presented the plate on which the hand of COL. DE ROCHAS had been taken to the plate on which the image of Mme C—had been photographed. At the instant when the gentleman opposed the two plates to each other, Mme C—stopped talking and fell asleep in her chair. Then COL. DE ROCHAS walked behind the screen and awoke her by blowing on her image. This experiment was repeated twice without Mme C— being informed of what was being done. When it was told her she said that she would defeat the experiment the next time. Then the experiment was tried against her, with her knowledge. She fell asleep in one minute after the plates had been placed in position; she could not fight against the influence any longer.

Now we will quote verbatim the last and most interesting experiment reported by this author in the article under review. It is as follows.

"A metallic crown duly loaded with a magnet had been used at the Charite Hospital for the treatment of a man. He was cured and the crown was stored away in a closet for three weeks. Then it was tried on the head of a healthy subject, in a state of hypnotic lethargy, and this man showed at once the same symptoms and the same manifestations of disease from which his predecessor had suffered. It seemed as if the magnetic crown had recorded the symptoms in the same manner as a phonograph records the voice. Had the first man died instead of being cured, we should, thus says COL. DE ROCHAS, have called back, so to speak, the characteristics of a dead human being."

"Medical science, consequently, will have to take due notice of such facts, and they will modify to a great extent the exclusive theory of the propagation of diseases by microbes."

This is a fact which we as Homœopaths have always recognized. Not only will they "modify to a great extent the exclusive

theory of the propagation of diseases by microbes," but they will be forced to modify it in *extensio*. The propagation of diseases rests on the same foundation as the propagation of Life. Without Life there can be no disease, and vice versa. Microbes are omnipresent in health as well as in disease; and they only become a matter for consideration when the vitality has been so modified that it is no longer equal to the struggle against them; or in accord more with the truth, when they are needed to meet the exigencies of disease.

This author says further:

"This transference of sensitiveness to inert objects throws a most interesting light on the dark and obscure practices of sorcerers and witches in the Middle Ages. Our forefathers believed in the faculty of hurting an enemy under the peculiar conditions prescribed by the sorcerers, by transferring to him a disease or by stinging his image duly prepared for the purpose."

He then refers to, and gives account of historical incidents where people have been tried and executed for practicing the things which COL. DE ROCHAS and his followers with others are proving today were scientific facts. He says: "Of course most of that old science was rubbish; but not all of it, and we were wrong in calling those men fools," who tried and executed the laws against witches and sorcerers.

Yes, and as time and knowledge overcomes prejudice and bigotry, and the eyes of men under the stimulating influence of scientific investigation become more discerning, the heap of rubbish will become less and less and the volume of truths grow greater and greater. Blind bigotry and unreasoning prejudice has ever stood more in the way of the advancement of knowledge than all other influences combined. Because a man does not believe a certain thing to be true, he will not admit that it is possible to be so; and thus his belief stands in the way of his advancement.

He concludes as follows:

"Then again these facts recently discovered in Paris by COL. DE ROCHAS and others who follow and repeated his experiments, show conclusively—in the writer's opinion at least—that the common scientific theory based on our present knowledge of matter by which we have tried to explain man's nature is absurd. They show how little our modern physiology and our present materialistic schooling understand the problem of human existence; they

show how wrong we were in confining the energy of our human force, of our human being within the boundaries of our skin."

Yes, and he might have said within the limitations of the perceptions of our natural senses.

These things are significant; this sort of an article appearing in such a magazine as the *Arena* shows the trend of investigation towards the "infinitesimal." Things immaterial are beginning to engage the attention of the scientific mind, and we as a school of medicine have nothing to fear from such investigations. Let them pursue these subjects on these lines, and the day is not far distant when they will come to realize the truth of what we have known all along. Life is immaterial as well as immortal, and the forces which have to do with the preservation and upbuilding of it must be in line therewith; immaterial.

S. MILLS FOWLER.

Chicago, Jan. 1896.

PROMPT CURES.

BY W. A. YINGLING, M. D., NESS CITY, KAN.

Philip D—. Aet. about 55. Rather light complexion. Janitor at the public school buildings.

Nov. 1, 1895.—Caught a bad cold fighting prairie fire a week ago, and has complained more or less ever since. He was up last night until 4:00 a. m. watching the boys, that they played no tricks at the school house on Hallowe'en. A chilly, cold night. Began to chill and cough about midnight.

A frequent, rather dry cough, though a little phlegm is raised at times. Cough *excessively* painful.

Sharp stitching in middle of *right lung*, going through to back when coughing; worse from least motion, turning or coughing.

Right lung very sore; worse from the cough.

Must lie quietly on the back.

Rapid and short breathing.

Pulse 80, full and strong.

Tongue clean. No stool today.

Urine very frequent; can't retain it.

Dull headache.

Kali Carb.^{cm.} (H. S.) *one* dose dry on tongue.

I prescribed for this case just as I was taking the train for a neighboring town. When I returned the next afternoon I met the gentleman on the street. He informed me that he was sit-

ting up in two hours after taking the powder; was able to walk about in the course of three or four hours; and went to his usual duties the next morning. No relapse and no more medicine.

Joshua M. Aet. 13. Light complexion.

March 25, 1894.—Desired relief from a very troublesome and distressing *itching of the end of the coccyx*. The itching was frequent, intense, worse scratching or rubbing, so that he would *abrade the part*. In company, not being able to scratch, he would be compelled to rub or wiggle on the chair like a turpentine dog.

To corroborate my choice of remedy, by close questioning, I found that blunt instruments, like scissors or the pressure of a knife, would leave indentations in the flesh.

Bovista^{cm}. one dose entirely relieved the trouble in less than an hour. A very slight return one week after was promptly removed by one more dose. No more trouble since.

Here was heredity. The grandfather, the father, the son, each had this same itching, and those who knew said each acted and scratched in the same manner. The science of Allopathy, as seen in external applications, failed to give any relief to the grandfather. Pure Homœopathy, the single remedy and the minimum dose, internally administered, promptly cured both father and son.

Helen E—. Aet. 42. Blonde.

May, 6, 1894.—*A dull, hard, heavy aching in the region of the heart; generally seems to be in the apex of the heart; pain extends at times from heart to left ovarian region; occasionally there is a cutting pain. extending to base of heart, which prevents breathing; after the cutting there is a sensation as if something went "thud," after which the pain seems to recommence at the apex.*

At times there is a heavy aching in the base of the heart which makes breathing very difficult. The only relief is by bending backward, which gives relief to the respiration.

This condition was constant and caused much suffering and some anxiety. No other symptom could be elicited.

Ovi Gallinæ Pellicula (F.) one dose, dry on the tongue.

In a *very* few minutes pain was all gone. Feels splendidly since taking the remedy. *Without knowing anything of the remedy given*, she says she has a *taste of fresh eggs* in the mouth since taking the powder. No further trouble.

If there is no power in the high potency, or if the simple, everyday egg has no medicinal virtue, what caused the cure? What produced the taste of fresh eggs?

Mrs. W.— Aet. 50. Rather dark.

May 18, 1894.—“Sore, aching,” with some throbbing in the outer side, and partly along the sole of right foot, very excruciating pains coming and going by spells; walking did not seem to affect it. The pain would come quite often, perhaps every half hour, last a few moments, then pass away. It gave her a good deal of trouble, and caused her to suddenly drop to the floor to hold the foot; she could not stand on the foot during the pain. The pain would come on suddenly and go away rather suddenly, but leave the part sore for a short time.

Lac Caninum^{cmm} (Swan), in water, a spoonful every three hours until relieved.

After the first dose a decided aggravation, pains going more to the sole of the foot, and much more severe. Shortly after the second dose there was entire relief. See took but two doses, and continues entirely free from the trouble.

What would the pathological prescriber have done? External applications could not relieve, and a blister would not have been the Hahnemannian cure, pleasantly and promptly. Could the surgical doctor have done as well with the knife?

This is a wonderful remedy when indicated.

Lena, aet. 1 year. Rather light in complexion.

Sept. 20, 1895.

Teething late; now cutting teeth.

Has had bowel complaint, with lenteria. Has been under the care of a “regular” without relief.

She now has spells of *coldness* of the whole spine, especially the *nape of the neck* and *between the shoulders*. Parts feel *very cold to the hand*. At the time of the cold spell, which comes on very suddenly, and lasts but a short time, she cries as if in pain, puts her hands to her neck, and her head is drawn backward. No heat, and no other symptoms.

Lachnanthes^{45m}, (F), one dose, dry on the tongue and S. L.

The father reports a prompt and complete recovery. No more spells. “It is the only medicine that has ever done her any good,” he says.

Another convert to Homœopathy. These “little things” for which the old school doctors, and their homœopathic friends,

have no remedy to relieve, give *pure* Homœopathy prestige and wins friends to the only *law of cure*.

Mrs. Y—. Aet. 42. Blonde.

March 3, 1894.—Sometimes *before* at other times *just after*, *this* time at about the *close of her menses*, she has a “hurting headache” involving the whole head at different times. It does not hurt all over the head at once, but in different places at different times. Generally the pressure or hurting is worse when in the occiput, as which times she gets sick at the stomach and feels sick all over. More frequently the pain is in the forehead, but it is only unbearable when in the occiput. She cannot describe the pain; it seems like a severe “hurting” or pressure. It leaves the eyeballs sore. Lasts about twenty-four hours. She knew yesterday that she would have it today, but cannot tell why. She had it this time for four or five hours. Flow bright red. Breasts feel sore, worse hanging loose. Constipation marked. No other pains and not sick in any other way.

Lac Vaccinum Defloratum^{dmm} (Swan), one dose, dry on the tongue.

Within a very short time, just a few moments, she “felt big all over”, the veins filled up and felt full. Became quite chilly (very characteristic of the remedy). Head very much relieved during the first few minutes, then when she arose the head was worse, with immediate relief on lying down. The whole trouble was entirely gone in one and one-half hours. Bowels moved normally about one hour after the single dose. Ringing in her left (deaf) ear. No more trouble at her next period.

David H. G. Aet. 45. Dark.

May 15, 1893.—In extracting a potato from the throat of a choking cow had his left hand mashed by the cow closing her mouth on his hand, the molar teeth doing the damage. At the time it was not extremely painful, but commenced that night with excruciating pain from which he suffered untold agony for three days and nights with total loss of sleep. He had used various applications to the hand, hot water, liniments, etc., and had taken opiates freely without relief.

The following symptoms were present when he applied to me, after a ride of twenty miles in a lumber wagon, for relief.

Carefully carrying the hand in a sling and nursing it with the right hand.

Back of hand, where the cow's teeth had come in contact, was

greatly swollen and red, rather dark, and odematous. The swelling was extending up the arm.

Very tender and sensitive; pain much worse on beginning motion. Worse at night.

Better, or more endurable, from walking about.

Impatient; wanted *immediate* relief.

Restless; felt like moving about. Had walked the floor for the past three days and nights, and was, consequently, worn out. Worse at night.

Rhus. Tox.^{cm.} (F.), in water; a spoonful every half hour until better.

Commenced taking the medicine at 10 p. m. After the first dose felt relief, but his wife aroused him for a second dose, after which both went to sleep and *slept all night* without once waking. Next morning he arose with *entire* relief from all pain. The hand remained slightly tender to pressure, but he came down stairs with it hanging down, swinging it carelessly, with a broad grin on his face (for my especial benefit), and washed it in tepid water. The swelling rapidly disappeared. Within 24 hours he was using the hand lassoing cattle. The cure was *rapid* and *permanent*.

Where opiates fail, the indicated remedy promptly relieves. It is always so. There is no need for people to suffer pain to any great extent. But I realize that it is sometimes difficult to select the simillimum, simply from the fact the profession has relied on the use of opiates in the past, and the mind of the prescriber is too apt to be fully occupied with the *local trouble*. The local trouble is but one or more symptoms among the totality. In such cases, and in all painful diseases, the general concomitants and modalities are the true indices of the remedy. To those who rely on the single remedy, the simillimum, morphine, opium and other anodynes are useless if the knack of finding the true remedy has been attained, and need *never* be used where the simillimum can be found.

Mrs. B., an evangelist. Aet. about 60. Tall, slender and dark.

Dec. 9, 1895.—While holding meetings here she said to me, "Doctor, I wish you would give me something to stop this twitching of my eye; it is so annoying and distressing." It was the *right* eye, worse in the evening.

One dose of *Ratanhia*^{10m (x)} dry on the tongue, promptly cured without any return while here.

People's Department.

LETTER FROM A LAYMAN.

May I venture the remark that you have made a move in the right direction in introducing the "People's Department" in the *ADVOCATE*. I have long been convinced, you know, that as Homœopaths, we have been derelict in duty in not educating the laity in the principles. I understand the *dangers* of so doing, and the evils of the "domestic medicine case," etc., but, nevertheless, I am sure the time has come for medicine to be put where it belongs, i. e., among the inductive sciences that have been verified by recorded experiment. In most things we are of the Nineteenth century, but in *medicine* mankind seems to live in the chaos and empiricism of the seventeenth century. There is but one thing to do to my mind, and I've had this "crinkle in the brain" for a long time; namely, for Hahnemannian homœopaths to establish in every large city experimental hospitals where certain things shall be done:

First.—The *case* accurately taken and the diagnosis written out in full just as it is.

Second.—A record made of the drug given, the potency of the drug, by whom prepared and the date, (hour, day, month, year), when given, and the condition in which given, dry or in water.

Third.—A *daily* statement of the *exact* condition of the patient subsequent to the administration of the remedy, with comment or attempted interference.

Fourth.—The date and circumstances of the discharge or death of the patient.

Fifth.—The publication of the principal *facts*, without comment, explanation or inference expressed, in either a reputable daily or in pamphlet form for free distribution and signed and sworn to before a Justice by the physician in charge of the case. This is the only *scientific* and *honest* way to establish in the minds of the public at large the truths of Homœopathy. A few thousand inductive *facts* like these would draw their own conclusion and the "regular school" would have to listen. I wish I had one-half a million dollars to invest right here in Boston, I'd

soon put Homœopathy where it belongs, namely, in the category of the *demonstrated inductive sciences*. We work too much in the dark and spend too much time formulating hypotheses, etc. Let us be *scientific* and work in the open. Our hypothesis is this: *Similia Similibus Curantur*. Very well stick it up with a translation in plain English over the door of our experimental station. Then treat people in accordance with this hypothesis and accurately record and publish the *facts* and the *results*, without *explanation* or *comment* and let the public judge for itself. The public will make no mistake, if they have the *facts* before them, and they will see to it that there is no more tom-foolery in medicine. Give the people the *facts* properly established and sworn to and they will see that *justice* is done. The trouble with medicine is that the profession has *obscured* the *real facts*, as the old Egyptian priests did—for their private and selfish interests—and have been unwilling to let the public into the secrets. We are out of the Dark Ages ecclesiastically, politically and socially; but we are still in them medically. I'd like to get hold of a crowd of honest doctors of both schools and a few millionaires and make a speech to them.

I am greatly troubled about the welfare of Homœopathy hereabouts in regard to some recent failures in the recent Diphtheria epidemic. One of the best Hahnemannians I know lost four cases—one his own sweet child, while anti-toxine has saved several cases, apparently, and has seized very strongly the popular attention, I'm troubled, can you explain it *or* assure me that we are right in resisting the use of anti-toxine? Certainly if anti-toxine cures it does so by the law of *similia* and is the *indicated* remedy and if so ought to be proved and put into the *materia medica* as one of the modified nosodes. Just now pure Homœopathy is certainly on the gridiron hereabouts. I pray for the time to come when the facts of clinical experience, who some of us *know* are the facts, are sent out to the world tabulated and attested in such a scientific and medically non-sectarian way that *all* honorable and thoughtful persons will be *compelled* to investigate.

A. W. LITTLEFIELD, Winchester, Mass.

A PHYSICIANS LIFE AMONG THE NEGROES.

[It gives us pleasure to announce that we have secured for the readers of the ADVOCATE a series of most vivid *pen* pictures, (which will be supplemented by "snap shots,") illustrating "life

among the lowly." Two purposes will be accomplished by these letters—entertainment, and a description of a section of this great country in urgent need of the benign influences exerted by the disciples of HAHNEMANN, and offering an unlimited field for the promulgation of his principles.—ED.]

ELLIVNAD, VA.

DEAR DOCTOR:—You ask me to tell you something about the country that has adopted me, and especially about the negro. Rather a dark subject, is it not?

The negro is rather a peculiar specimen of humanity. In one way he is a genius. One thing that strikes me forcibly is the fondness he has for big words, and the ludicrous blunders he commits in his endeavors to use them upon every occasion, for instance: one of them came in my office a day or two ago and said he wanted to insult me, I told him to fire ahead, I thought I could stand it. It turned out he wanted to consult me. They often come to me with a "misery"—they never have a pain, but always a "misery," and want a "subscription" for it.

A long chapter could be filled with the errors—some comical, some serious—that they constantly make, in their endeavors to murder the English language.

They have no use for what they call "pore white trash." They are fond of show and finery, and will work for rich folk, or people who put on a great deal of style, for five dollars a month, when they would not work for "pore folks" at any price.

At home they live in almost any shape. I was called one one night to attend a case of confinement. When I arrived I was shown into a room about fourteen feet square. In this room an unmarried colored girl was lying on a bed in the pangs of labor, and eighteen other negroes, men, women and children, were in the same room; some of them were asleep on another bed, some curled up asleep on the floor, and the rest were talking and laughing. It was about midnight of a hot summer night. The odor in that room was something to be long remembered, never forgotten, but not described. It had not the faintest resemblance to Attar of Roses.

I ordered every "nig" out, except the patient and her grandmother. They rebelled at first but went out grumbling, to seek a *softer* bed on a pile of lumber near by. The better element, those with more white than black blood in their veins, have fairly good homes, and live better than some of their white

neighbors. The majority of the negroes, however, live, eat, cook and sleep, the whole family in one room. If one of them is sick, there is no other place for him than this one common room. There is small wonder so many of them die; the wonder is that any ever recover. They receive but little attention when sick, from their friends. This reminds me of another of your questions: "Do they have many diseases?" I have seen all kinds of disease among them that the whites in this section are subject to, except gout. I never saw or heard of a negro having the gout. Yes, I have seen small-pox among them.

They are more prone to scrofula and lung troubles than anything else. Scrofula in all its forms is quite common. Various deformities due to a scrofulous diathesis are frequent; such as deformed pelvis, curvatures of the spinal column, bow-legs, knock-knees, goitre, scrofulous sores, etc., etc.

If a negro has pneumonia he rarely recovers. This peculiarity follows them through all the various shades of color from jet black to fifteen-sixteenth white. Given a negro and a case of pneumonia, and there is most likely a funeral at that house very shortly. The reason of the great mortality among the pneumonia cases is one that I cannot explain. They will readily recover from a severe attack of typhoid fever or malarial fever, but succumb to a mild attack of pneumonia. Consumption is very common among them. I have heard it stated that during slavery times consumption was unknown among the negroes. I do not know how much truth there may be in this report. Certain it is that now it is one of the most frequent causes of mortality among them.

I remember an instance where a colored girl had typhoid fever. She was getting along very nicely. I left here about 10 a. m. doing well; at 8 o'clock that evening I was sent for in haste, "she had done got wuss." I went to the house. When I opened the door of her room, an old colored sister was prayingly fervently for "the Lord to take dis pore lamb." About twenty other women on their knees, groaning and shouting. I stepped to the bed and found my patient greatly excited, bordering on convulsions. Stepping up to the one praying; I put my hand on her shoulder and lifted her to her feet, led her to the door and put her out, I then ordered every one of them, except the patients' grandmother, out of the house, locked the door, and remained with my patient until midnight before I could get her quieted.

A madder set of women you never saw than those I "sturbed" in their devotions (?). Yet the last women eventually sent for me when they got sick, for, strange to say, the girl recovered after a tedious spell.

A few weeks ago I was called about three miles in the country to see a negro child sick with meningitis. The family had lost a child regularly every fall for three years, and it seemed as if this one might follow the others and keep up the record. But *Belladonna* pulled her through all right. The house was a two-roomed, one-story log cabin, cracks enough for thorough ventilation. The room where the child lay, contained two beds, one chair, a small table, a dog, three other small children, father and mother, together with several neighbors waiting to shroud the patient. The floor was bare, rough, uneven, and full of great holes. I expected to see the baby, crawling around, fall through some hole in the floor; by some instinct it missed the larger holes. Dogs, mangy curs, mostly half-starved, whisky, ash-cakes, and fried bacon belong to the negro life, apparently indispensable elements to his happiness.

They live for today only; they "take no thought for the morrow."

Saturday evenings when they receive their wages, they lay in a supply of whiskey and provisions, have a big dinner Sunday, invite their friends and neighbors, and eat up all the rations, and live the balance of the week on hoe-cake and bacon.

Naturally of a sanguine temperament, nothing seems to worry them. Impulsive and excitable, they live in and for the present, and are easily swayed by the first influence that comes along.

They are improvident to the degree of criminal carelessness. I have known them to hire a team and pay nearly the whole of their weeks' wages for it, and enjoy themselves immensely, and nearly starve the rest of the week; then when the winter season comes on with its biting cold, and lack of work, they are in a suffering condition and have to be provided for by charity; furnished with fuel, provisions and clothes.

They have no knowledge of gratitude, and honesty is at a low ebb with them. It is impossible to make them pay a bill they owe, except that they want more favors.

They look upon themselves as the wards of the white people, and anything they can borrow without leave and unknown, as theirs by right. They are both lazy and shiftless. I am speak-

ing of them as a general class, there are worthy exceptions of course. Some of them are forehanded and thrifty, own their homes and take a pride in doing well.

"What about their virtue?" My dear doctor, they simply don't know the meaning of that word. The polygamous habits of their ancestors cling pertinaciously to them. Among the better classes even, unchastity is more than winked at. I may have something more to say at some other time upon this subject.

Naturally imitative, they learn very readily, those of them who attend school. Some of them have a very good education. They have two large public, and one private, schools in Ellivnad. All the teachers are colored. The public schools are supported mainly by the whites. They have their own churches, and contribute quite liberally towards their support; the Baptist denomination being in the ascendancy. They are a very religious people, and very excitable in their religion. They believe in shouting and noisy manifestations. When one of them becomes converted, he or she, as the case may be, makes a tour of the town, clapping his hands and shouting "thank the Lord," and embracing all his acquaintances. During a revival season it is not uncommon to meet ten to fifteen such in a single evening.

I have never seen a negro who could not sing, dance and whistle. During the summer, every morning about 5 o'clock, a negro man goes past my house whistling. There is melody in his whistle. I have seen him once only, yet I lie and listen to his whistle until it dies away in the distance. I have heard several professional whistlers, but I have never heard such musical notes as proceed from the lips of my unknown whistler. He is black, ill-shapen and ugly as possible, but his whistle lacks nothing in its sweet melodiousness, and amply compensates for all his ugliness. During the warm summer evenings, it is quite common for five or six negro youths to go from house to house, stand in the yard of some house and serenade with songs the inmates. They have rich and powerful voices. They are very fond of music, and learn to play readily. If you want to hear good singing come down here and attend one of the negro churches. I was highly amused one day, this summer, at a procession I met while driving out in the country. One ox hitched to a cart was plodding solemnly on. On the cart was a negro man picking a banjo, and another negro was dancing, while an old white man

was driving the ox. They were having a happy time, and the ox seemed as happy as the others. I wished for a Kodak to take this picture to send to some of my northern friends.

Let a minstrel troupe come to town and parade the streets with a band of music, and the negroes will drop whatever they are doing and flock to the sidewalk, and follow that music until the last note dies away. I always look for the small negro boy in the rear of the procession keeping time to the music in hand springs, dancing and graceful contortions of his body. Let a circus come to town, and you might as well expect to become possessed of Aladdin's lamp, as to expect a negro to do any work until the parade is passed. Cooks will drop their dinners, men and children quit whatever they are doing and flock to see the circus.

It is an amusing sight to go on the market Saturday afternoons, after the factories pay off their hands, and see what loads the negro men, women and children will "tote" on their heads. Webster does not give the correct definition to the word "tote." It is used here only in the sense of carrying articles upon the head. The negro will "tote" watermelons, pails, sacks of flour, meal, sugar, etc., etc., with perfect ease, and such enormous loads as they will walk away with is perfectly astonishing to a novice.

I have seen a child put a basket of clothes bigger than himself on his head, and he would tote it a mile or more, with no seeming inconvenience. I have often seen them put a bucket full of water on their heads and carry it some distance and not spill a drop.

I think I have written enough for one letter, and in my next will try and describe a portion of the life among the better class of negroes. There is a negro settlement just outside of Ellivinnad, and a description of this community may prove somewhat interesting.

ANACARDIUM.

Editorial.

PROVINGS.

Hahnemann says that we must determine the genus of a remedy by studying the manifestations made by it upon the *healthy*. With all reverence for the statement made by this master of science, our experience leads us to conclusions that the most valuable provings recorded are those obtained, not from healthy individuals, but from those very decidedly sick. Where the vital force has had nothing to interfere with its legitimate work, an organism has been constructed that is able to resist most of the disturbing influences with which it comes in contact. In such an organism there will be found no idiosyncrasies, no weakness, no susceptibility, consequently, in order that an impression be made, it must be overwhelming in its power, and we get nothing but the crude, coarse symptoms, which are of comparatively little value, beyond giving the general scope of the drug. On the other hand, if the provings are obtained from those who are already sick, we find a susceptibility to impressions which reveals the sphere in which the disease is being made manifest. In other words, there is a perversion of the forces, by means of which, certain portions of the body receive an excess of nutrition, while others are deprived of even the amount required by nature, and when such a constitution is found, the effects of impressions will be intensified in some directions and diminished in others; we have a distorted picture of all impressions made, and this very distortion is the means by which we are to determine the genus of the remedy. For example, a remedy that will require massive doses to produce a profound disturbance upon the alimentary system of a healthy individual, will require but a small amount to make a similar impression upon an individual whose susceptibility will be found in this part of the system, thus bringing out all of the finer shades of the impression depending upon the characteristics of the individual.

Every student of *Materia Medica* feel the necessity of having a surer foundation upon which to build the symptoms under each remedy so they may represent a value of their own and at

the same time a relative value to all others. It is for this reason that every effort directed toward the analysis of remedies receive such a hearty welcome from the profession, and that so much value has been placed upon *clinical verifications*.

The solution of this matter will not be found in the efforts of such organizations as the INVESTIGATION MEDICAL CLUB of Baltimore who expunge all that has not received the well authenticated reports of two or more provers. On the contrary, almost every symptom has been proven of value in the hands of some physician and been recorded as the expression of some *sick* individual. This being the case, a plan simple in character but definite in direction should be formulated by which a systematic study might be given to the re-proving of our old standard remedies in every community. The physician does not live who does not possess friends so strongly attached to him as to be willing to cooperate with him in such a study for the cause of scientific investigation. In brief, would suggest a remedy be selected—*Nux Vomica* for example—and then as many provers with *Nux* temperament selected as can be handled. To these will be given explicit directions with regard to diet, mode of living, etc. and the proper method of watching and recording the expressions of their own selves. After a week or so of preliminary study of self, give them a supply of non-medicated pellets or powders and have them report from day to day for a month or more. This will give you accurate data from which you can determine the specified action of the remedy when the system is ready to receive it.

At the last meeting of the *American Institute of Homœopathy* a committee was appointed to consider plans for a more systematic arrangement of our *Materia Medica* and report at the next meeting, and we believe this concert of action may result in much good to the cause of *Truth*.

SUSCEPTIBILITY.

Beginning with the history of medicine we find two drugs receiving almost universal application, both by the laity and by the profession; in the time of Hahnemann, his study of disease and his still further study of their characteristics led him to classify these manifestations under three heads: Psora, Syphilis and Sycosis, giving greatest prominence to the first, and secondary importance to Syphilis. The marked peculiarities of

the psoric tendency have been met during all of this time by all classes of people with *Sulphur*, in one way or another, and from the time when Syphilis was recognized as a disease worthy of a separate name, *Mercury* has been used as its panacea. The question is here raised, whether the abuse of these two drugs may not be a powerful factor in the production of the susceptibility in these directions; or whether the attenuation of the effects of these crude drugs, as they have been transmitted from parent to child through countless generations, may not have resulted in the finer shades in the manifestation of these peculiar diseases, which must be met with *Sulphur*, *Mercury* and their associates. Hahnemann recognized as the great barrier to perfect success in the healing art, the abuse of drugs and common experience determines the truth of the same. Consequently all investigation along these lines cannot fail of exciting intense interest with the profession.

CHARITY.

Charity suffereth long and is kind, Charity envieth not, it is not puffed up. Charity is the culmination of the three steps in human progress: faith, hope and charity. It is human to err, and since all are human, error is manifest to a greater or less degree. And since it is impossible for man to be perfect, it ill behooves any man, or any one, to condemn another. There is a vast difference between condemning man and criticising the erroneous conclusions reached by said man. Principles may and should be discussed, because the agitation will naturally bring the chaff to the surface, where it will be exposed to the tender mercies of every wind that blows. In medical thought and investigation, we find many shades of conviction, and every man is at liberty to hold up and defend his conclusions whenever a fitting opportunity presents itself. But no one should feel that he has any right to condemn, or criticise the conclusions of others until his own investigations enable him to offer in its stead something better. Too much time and thought is being devoted to criticising and condemning individuals and too little time given to the discussion of important questions and principles. If the self-factor in the equation was entirely eliminated, and in the place of this wholesale condemnation of A, because he is not honest, and B, because he does not tell the truth, there was substituted an honest, truthful discussion of the principles promulga-

ted by A and B, in which the erroneous conclusions were made apparent, and their conclusions seemingly nearer the truth, substituted by the author, we would find real advancement in the researches of the present day, and what is of far greater value a body of men and women, thoroughly united in their determination of rescuing Truth from the control of error.

OUR POTENCY CASE.

The demand for premium No. 4, consisting of the *case of potentized remedies*, was so great, that we have been delayed in our orders. The firm manufacturing the cases have been compelled to send a special order for bottles and it will be at least two weeks before we can hope to have all orders filled. The many inquiries in reference to the preparation of the same, makes it advisable to give the following specific directions:

First, get 150, two drachm french square vials, have them perfectly clean, and select the finest quality of cork; it will do no harm if you dip the upper half of the cork into hot paraffine, but this is not strictly necessary.

Second. Fill these bottles half full of No. 5, (same as constitute the grafts,) pellets and then pour into each bottle ten or fifteen drops of homœopathic alcohol. Label each bottle according to the label on your case of grafts; you are now ready to make your case of remedies.

Third. Select one bottle at a time from your case of grafts, and empty into a reserve bottle, similarly labelled, corking carefully. In like manner fill each of your reserve bottles. You may, or you may not, give each bottle two powerful successions; (it is immaterial, only as it may add to your faith). You now have an inexhaustible supply of these remedies, which instead of deteriorating, with proper care will increase in value, so long as you may use them.

Further, when you find the contents of a bottle has been reduced to, say, one-quarter of an inch you may fill it up in the following manner: Empty from your bottle of non-medicated pellets, a quantity, sufficient to fill your reserve case bottle half or two-thirds full, into a powder paper, perfectly clean. From this powder paper you will replenish your reserve bottle, observing the following caution: *never use the same powder paper twice, and never fill your reserve bottle directly from your supply bottle of non-medicated pellets.*

WILL YOU DO IT?

THE HAHNEMANN CLUB OF PHILADELPHIA, one of the oldest of these local societies in this country, in accordance with an old custom of theirs is devoting a certain number of evenings, during the winter, to the discussion of important questions. Among the questions already presented are: "Hindrances to the Progress of Homœopathy;" "Present Dangers to Homœopathy;" "Hahnemann's Rules for Investigating the Curative Properties of Drugs;" and the following questions are yet to be discussed: "What Do You Understand by the term "Pura" as applied to our Drug Provings, and what means would you suggest as efficient safeguards against the introduction of Heterogeneous Symptoms in the Provers' Records?" "What value do you attach to so-called Idiosyncrasies manifested in Drug Action upon given Individuals? What value have they as Guiding Symptoms to the selection of the Homœopathic Remedy?" This Club proposes to celebrate the birthday of Hahnemann by a general meeting of homœopaths in Philadelphia, both the laity and physicians. We believe this club has caught inspiration from the spirit, which should pervade every city and town where Homœopathy is known, and these meetings should create a special interest during this the Centennial year of Homœopathy. Would that every local society throughout the country would lay aside their routine work of scientific investigations and devote the coming three or four months to frequent discussions upon these very important questions. Discussions that would be pleasant and profitable alike to profession and their patrons. May not this word be carried through the journals to every society in the country and the importance of an earnest and united effort for the promulgation of principles, which we believe to be of value to the world at large. Right in this connection we have word from a prominent member of the New York State Society in which he urges the importance of united, enthusiastic work upon the part of the profession in that state looking toward the securing of simple justice at the hands of the State Legislature during the present session. Let the work be such that the 10th of next April may witness such an enthusiastic outpouring of expressions of gratitude in honor of the immortal name of Hahnemann as has never been witnessed in the history of medicine.

NEW ATTRACTIONS.

With the April issue we begin the publication of a **REPERTORY OF THE NEW REMEDIES**, BY DR. M. E. DOUGLASS, of the editorial staff of this journal. This will make a work of nearly five hundred pages and will be found of great value to all students of our materia medica, because few physicians are familiar with the fragmentary provings of the newer remedies, and no repertory now in existence contains any index to the same. We predict for it a favorable reception from the beginning, and as soon as the plates are completed they will be issued in book form to the profession at large.

THE HAHNEMANN PUBLISHING CO. owns its own plant and proposes enlarging its facilities, as the circumstances may warrant, until a general book-publishing business will have been established. This will do away with the vexation and delay from which we all suffered in the past, and enables us to give full scope to our ideas of what should constitute a model medical magazine.

MONTHLY REVIEW.—In this issue will be found a new department, and to be known as **OUR MONTHLY REVIEW OF CURRENT HOMEOPATHIC LITERATURE**. As the heads of different departments of the **ADVOCATE** become accustomed to their respective duties, we hope to make this one of the most profitable departments of the entire magazine and its readers may confidently look forward to a resume of the entire field, or that portion which seems to be possessed of the greatest practical value. This means an immense amount of hard work, but our facilities are such that we propose sparing nothing that will help toward placing this journal at the very highest point of excellence.

HAHNEMANN'S NEW DEAN.—Genuine worth is recognized and appreciated wherever it may exist, and one of the best means for determining this is when a body of men seeks from their number a leader. This recognition may come late in life and may seem somewhat tardy at times, but where it exists it cannot be concealed. One of the best illustrations of this fact is found in the recent elevation of DR. PEMBERTON DUDLEY to the office of Dean of the Hahnemann College of Philadelphia, one of the most unassuming men in the profession, he has always been found equal to any obligation when once assumed, and no matter how arduous the duties, they have always been faithfully and satisfac-

torily performed. The sincere congratulations of the HAHNE-MANNIAN ADVOCATE go with the doctor in his new office.

CHICAGO FOUNDLINGS' HOME.

On the 19th day of January, 1871, the Chicago Foundlings' Home, No. 114 South Wood street, was founded by Dr. George E. Shipman, and today that institution, which has rescued from death and placed in pleasant homes thousands of the tiny wards of charity, has a quarter centennial anniversary without a celebration

The institution was the special pride of Dr. Shipman to the time of his death. Before the home was opened, the Coroner reported that an inquest was held on a dead foundling almost every day and after the home was in running order not more than one a month. This report did much to remove the charge of the home fostering vice. On the contrary, it was thought to be the most potent factor in the prevention of infanticide. The gross number of inmates has averaged in the neighborhood of 500 a year. At the time of Dr. Shipman's death, about three years ago, the institution was entirely out of debt. Since then it has fallen a little behind. Cash has been paid for all supplies, and the only monies owed are on salaries, those to whom amounts are due being content to wait till the necessary funds come in to meet the indebtedness.

One of the most commendable features of this Home lies in the fact that from its very birth sickness has been alleviated by the use of pure homœopathic treatment, Dr. E. E. Reinninger having succeeded to the place of responsibility made vacant by the death of the founder.

Mrs. Shipman is as great an enthusiast in the matter of child-saving as was her husband, and the principles of the management have largely resulted from her good common sense and her discernment of the needs of the people she has to care for. She takes a laudable pride in the fact that the institution is a memorial of her husband—without his name, as he would wish, but still pervaded with his spirit and with his kindly care. The average amount contributed for the support of the institution is about \$4,000 a year, which is said to be too little for the work done. It is one of the pet hopes of Mrs. Shipman that the home will have ultimately funded investments sufficient to afford, together with contributions, an income of \$5,000.

Our Monthly Review.

Comparative Study of the Umbelliferæ.—DR. CHARLES MOHR, in a lecture in the Hahnemann Club Course at the Hahnemann College in Philadelphia, says that *anisic acid* has been found useful in acute articular rheumatism, and the drug possesses antipyretic and antiseptic properties. *Petroselinum* in a tincture has a short pathogenesis, but the symptoms of the genito-urinary system are pronounced. Acute inflammation of the urethra and bladder, gonorrhœa, *retention in children, who fairly dance with pain when the sudden urging to urinate comes*, are the conditions cured by *Petroselinum* when the quoted symptoms have been present. *Apium graveolens* has been found useful in excessive discharge from *granulating ulcers*, when *constriction over sternum with drawing through to back on lying down were present*.

In the umbelliferous plants whose active properties are due to fetid gum-resins, we find *asafatida*, *ammoniacum*, and *galbanum*. In the school of HAHNEMANN *asafatida* has been proven, but is not often prescribed; not as often as it should be. Therapeutically, it has been used in the practice of homœopathy in hysterical manifestations, in *deficient lacteal secretion* in nursing women, in tympanitic distention of the abdomen, in orbital neuralgia and iritis. GUERNSEY gives *hyper-sensitiveness* as one indicating symptom in all these cases, and FARRINGTON lays stress on *suppressed discharges* as a cause of the distressing symptoms when *asafatida* is to be used. It has been used successfully in treating *syphilitic* and *scrofulous* ulcerations, especially in the *tibia*. DR. BUCHNER has given a good proving of *ammoniacum*. It has *increased secretions* of the *mucous* membranes, especially of the eyes, throat, bronchi and intestines, together with disturbances of vision and violent pains in the muscles and joints, febrile symptoms with disposition to sweat also produced. Therapeutically it is principally used in *pulmonary affections of old people, too feeble to raise mucous*, and *worse in cold weather*. The pathogenesis suggests the probability of *ammoniacum* proving a useful remedy in rheumatism and gout, and perhaps appendicitis. *Galbanum* partakes of the nature of the other gums, affecting the *nervous* system, like *asafatida*, and the *vascular* system like *ammoniacum*. This gum resin should receive a proving, especially to determine its influence over the uterus and to note its effect on the locomotor system.

Among the more poisonous of the umbelliferæ, *Conium* is spoken of as a drug of historic interest, as it was with it, political offenders were executed, and with it that Socrates was killed. In the description of his death by Plato, it is seen that *Conium* caused death by *gradual asphyxia*, the *paralytic* phenomena occurring from *below upwards*. Later experiments show that full doses put the motor centres to sleep. If the prover remain at rest, however, the effects are first observed in the eyes. These visual phenomena imply paralysis of the third, fourth and sixth cranial nerves. *Conium* has been used very effectively in the *organic* affections of *lymphatic* people, especially in *children* and *old women*; *Adenitis*; *strumous ophthalmia*; vertigo of old people who use tobacco; *cataract*; deafness, with *painful hearing*, *asthma*; *cancer of stomach* or *liver*.

diseased glands of the mesentery; paralysis of the bladder; uterine hemorrhage; dysmenorrhœa; cancer of the cervix and mammary tumors are among the diseased conditions that have been cured by Conium when the symptoms have indicated this medicine.—*Hahnemannian Monthly*.

Nitric Acid in Ulcers.—The Nitric Acid patient may have liver spots on the skin, and the ulcers are deep, but of ragged outline. *Kali bichromicum* has a deep ulcer, but the edges are clear-cut, as if made with a conductor's punch. *Mercurius* has a ragged ulcer, but it rarely sinks into the tissues. The ulcers of Nitric acid are fetid, with urinous odor, peculiar to this remedy, and exuding a greenish fluid. Usually have sensation of splinter sticking in the part, especially when pressing over them. Ulcers are worse from application of cold water, and bleed on slightest touch. The special affinity of this remedy is for the junction of the mucous membranes and the skin, hence at orifices of the body. In nasal diphtheria, Nitric acid is one of the chief remedies, the discharge from nose being watery, very offensive, and having the urinous odor. Nitric acid has a special affinity for syphilis that has been mercurialized.—*American Homœopathist*.

Ice Cream in Pneumonia.—In the treatment of acute pneumonia, attention is called to the great importance of the food and drink. At least nine-tenths of the food should be liquid. But the patient must not get too much liquid, for if too much water accumulates in the vascular channels, the circulation will be oppressed, especially in cases of cardiac insufficiency. One food, which may also be called a drink, and of which the patient seldom tires, is ice cream. It is a highly nutritious food, takes the place of ice or water, cools the stomach and helps digestion and helps to reduce the temperature. If the thirst is intense, there is nothing will relieve it better than to allow the patient to suck the juice of a lemon every fifteen or thirty minutes.—*N. Y. Medical Times*.

Hepar Sulphuris in Mastoid Inflammation.—A girl, aged 20, had suffered from acute otitis and had an otorrhea. Discharge had ceased after about a month; there was pain and fever, with every indication that matter had formed in the mastoid process. Trepanning was determined on for the following day. Hepar Sulphur 30x was given by DR. VAN BERGHE every two hours, and improvement set in so that the operation was at first delayed and at last abandoned, the case rapidly clearing up without the evacuation of the pus.—*Homœopathic World*.

Stramonium in Lameness of Knee.—DR. KRAFT, in the *American Homœopathist*, describes the case of a child of five years who had severe pain in left knee, which may be the beginning of hip-joint disease. No pain experienced from rotating leg in socket, nor on suddenly striking the leg below the knee. *Colocynth* and *Stramonium* are the two specific remedies. *Stramonium* acts well where the inflammation is from syphilitic origin. *Stramonium* 1m was given, and she reports getting better every day. No return of screaming spells. Limping all gone.

Ephedra Vulgaris—A Proving.—DR. MOURAVOW relates that the most remarkable symptom obtained in the proving of this drug was the production of *exophthalmos*. It also produced violent headache, nausea and general weakness. Heart beats accelerated and very much weakened. Also

apathy and great fatigue, stiffness of neck and backward pulling of the whole body on turning the head. Heavy eyes, starting from their sockets; great pain in eye. A dull pain in the splenic region. He concludes that the drug acts principally on the cervical sympathetic, and also causes a congestion of the spinal chord.—*Homœopathic World*.

Lilium Tigrinum in Uterine Diseases.—This is one of the best remedies in *slow recovery after confinement, or abortion*, especially in cases of subinvolution. The class of patients it will help are “cross, cranky women.” Some of the symptoms calling for it are *pain in left ovary, shooting across to right and down limbs. Weight in pelvis, with feeling that everything would protrude.* (In this it resembles *Sepia*). The leucorrhœa of Lilium is yellowish brown, or yellow, and excoriating.

Cuprum in Cholera.—M. MOURICOUTT, a French physician, has been drawing attention to a mode of treatment which was found efficacious in *cholera*, before the doctrine of microbes came into existence, says the *American Homœopathist*. He refers to the practice of DR. BURQ, who is said to have arrested the cramps of cholera, in 1349, by copper bars, and who in 1866, by the internal use of sulphate of copper, effected cures in sixteen out of eighteen severe cases, in which there was no heat, no pulse and no urine. In 1831 HAHNEMANN recommended the use of copper in cholera on the only rational principle on which drugs should be administered in any disease and it has ever since been the sheet-anchor in suitable cases.

Lycopodium in Sciatica and Lumbago.—An old lady had been confined to her bed for the past five years from very painful *sciatica and lumbago*. Had suffered from same for twenty years. Had never had *rheumatism or gout*. Very irritable and abusive, and very obstinate. Afraid of being left alone, in daytime as well as night; drowsy during day, but wakeful at night; starts on falling asleep; oppression of chest; painful flatulence at night; coughs day and night, with copious, purulent expectoration, with salty taste; frequent, copious urination, with wetting of bed every night. Burning between the scapulae, like coals of fire, when lying down with back in contact with bed. *Lycopodium*, 30th, was given thrice daily. Six doses made her feel almost cured. She has been enjoying good health since the last six months.—(DR. BANERJEE, in *Calcutta Medical Journal*.)

Berberis Vulgaris for Pain in Right Ureter.—The curative effect of a drug is on the reverse side of the provings. Berberis has cured the pain in the right ureter, while the pain in the left ureter has been produced by the remedy. Mrs. N., aged 42, had had leucorrhœa for several months, with pain in the kidney, following the course of the right ureter. Berberis was given, thinking pain came from sand passing through the ureter. After the pain, she passed large quantities of muddy urine. On third return of patient the Berberis was discontinued and *Sac. Lac.* substituted. Progressed to complete recovery.—*American Homœopathist*.

Nux Vomica in alleged Cancer of the Stomach.—DR. DRAKE reported before the *Boston Banninghausen Club* the case of a man of about 45, whom, in 1871, he was called to see, who had been ill about fifteen months. He had been treated by two Allopaths and one Eclectic, all of whom stated he was suffering from *cancer of the stomach*. He had, of course, been given up as

incurable. His skin was very dry and rough and of marked yellowish hue; bowels had been torpid for months and urine very scanty. He was what I call skeletonized. Never saw any one so thin. The emaciation was general, excepting his feet and ankles, which were oedematous. In the epigastrium was a tumor the size of an egg, which could easily be taken between the fingers, having a hard, nodular feel, and seemed to be situated about the middle of the great curve of the stomach. Had been in good health previously with the exception of "salt-rheum," which had been a source of much suffering to him until about two years before, when it was removed by an ointment. Shortly afterward he became ill and then began a severe course of drugging. Without giving the symptoms special study, I gave him *Nux Vomica* 200th, (Dunham), which he took for 48 hours at intervals of two hours. When I next visited him I found him so much better that I discontinued the remedy. Two days later he was still better, and the bowels had moved without aid for the first time in five months. However, he was now complaining of an itching all over him, and the itching and burning were dreadful. He reminded me of a case of confluent small-pox. I would allow him to use no external application. The patient began to improve soon after. The *Nux.* was allowed to act seven weeks, and then repeated in the 50m, one dose. Saw him a year ago and he told me he was perfectly well, and was then weighing two hundred pounds.—*Homoopathic Physician.*

Gelsemium for Dislocation of Patella.—DR. JAMES B. COMBS writes to the *Medical Brief* that he has relieved several cases of tendency to slipping of the knee-pan, originating in *muscular weakness*, by the administration of Gelsemium tincture, three to five drops, once daily, or, in chronic cases, once daily.—*N. Y. Medical Times.*

Actea Racemosa During Pregnancy.—Two cases are told of by DR. WINGFIELD, where the use of this drug seemed to insure living children at birth. In one of these cases four children had been born dead, from no discoverable cause, the mother never having had a living child. In the other patient there had been two dead births and no living one. Both mothers were delivered of healthy children, who are now alive, after the daily administration of a single dose of *Actea Racemosa* for two months before confinement.—*American Homoeopathist.*

Passiflora in Electric Shock.—DR. C. K. STEWART reports in the *Minneapolis Homoeopathic Magazine*, that he was called to see an old lady past eighty, who was convalescing from a severe siege of dysentery. A violent thunderstorm was raging at the time and the atmosphere was extremely oppressive. The lady was in an alarming condition of nervous prostration, resulting, presumably, from the electric storm. She was propped up in bed with pillows; pulse almost *nil* and irregular and respiration so weak that she almost gasped for breath. Violent headache and great exhaustion were complained of. I gave her *Passiflora Incarnata* and almost immediately she became quiet, pulse and respiration improved and she lay down and fell into a quiet sleep, from which she awoke much rested and refreshed.

The Power of Ergot to Determine Gangrene.—The element of Ergot which contains the most toxic properties of the drug is that which has been denominated *Sphaerulinic acid*, because of its qualities that are capable of

working such destruction of living parts as to insure Gangrene and their consequent death. Of course, in order to bring about such destruction, the toxine contained in the acid must be exercised in its fullest measure and the subject of the poisoning be overwhelmed by its intensity. As to the *quo modo* by which such results are effected, we know of no influence to account for it, except that to be found in the unquestionable law of nerve and drug affinity. That being so, then the devastation seen in ergotinic Gangrene must owe its existence to the toxic action of Sphacelinic Acid upon the nervous matter supplying the soft parts, upon the circulation of the blood, by producing toxic paralysis of the *nervi vasorum* by the deprivation of trophic pabulum. Ergot, in its toxic manifestations, seems to address itself to almost every part of the organism, and the principal agency by and through which its properties secure practical operation, is the nervous matter of the body. In many spinal affections this remedy has a prominent place, and it has a special predilection to the lower portion of the chord. Its specific affinities with the female organs of generation are seen, not only in overcoming uterine inertia and arousing vigorous contractions of the uterine fibre, but in affections incident to the ovaries, such as interfere with the due performance of the menstrual functions. In short, under the inexorable law of similars, every disease which the toxic force of ergot and its constituent elements can awaken in the human system, may and must be controlled by the same in an attenuated form.—*J. A. Carmichael, M.D., N. Y. Medical Times.*

Dietries of Tuberculosis.—DR. WM. W. VAN BAUN says that proper nutrition is one of the most important factors in the treatment of tuberculous cases. The patient must receive ample food for their bodily needs, and in the selection of a menu the individual's digestive idiosyncracies must be considered. Hard and fast rules are of little benefit. Between good climate and poor food, and severe weather and excellent nutriment, the latter is always to be selected. The diet of tuberculosis should principally consist of animal foods in the following order: Milk, beefs, fats and oils. Starches and sugars for some reason are difficult of assimilation. In such cases, malt will be found to aid materially in the assimilation of farinaceous foods. In cases of feeble digestion it is best to use only one food at a time—usually a liquid preparation. Milk is usually taken without annoyance. Where it is not tolerated koumyss is usually well borne. Freshly squeezed beef juice, warm, but not boiled, is the best artificial preparation of beef known. Fats and oils have a strong claim for recognition. The cereals are of more or less use, except in tuberculosis of the alimentary canal. Fruits are well borne, especially cooked apples and grapes. Alcohol, on general principles, is to be avoided. When needed as a food, malt liquors will increase the appetite and the weight.—*Hahnemannian Monthly, January, 1896.*

A Plea For Careful Attention in Post-Partum Conditions.

—DR. W. F. EDMUNDSON, in a paper read before the *Homoeopathic Medical Society of Pennsylvania*, makes an urgent plea for more care on the part of the obstetrician in all the detail and technique of the preparation for the "lying-in" period. Many patients, in giving a history of their case, date its commencement from this or that confinement. He recommends that injuries to the perineum be repaired at once, where practicable; otherwise, as early as possible.

When used, the parts should be carefully cleansed; otherwise the point of the catheter may carry with it some of the lochial discharge, causing cystitis and urethritis. The parts should be handled as little as possible, in normal puerperium, and the greatest care used antiseptically when necessary to use the douche or make any mechanical interference.—*Hahnemannian Monthly*.

Hour-Glass Contraction.—It is said by PROFESSOR HIRST that the so-called hour-glass contraction of the womb does not exist, and it is a misnomer handed down in the text-books. There are no circular fibres in the womb to contract. The condition of the hour-glass contraction, so often described, is due to the fact that the upper part of the uterus, in which the placenta usually lies, does not contract because of the presence of the placenta. When the doctor inserts his hand to free the placenta, he feels this contraction, (which is normal), and then his hand passes into the uncontracted upper portion, where the placenta lies, and he immediately thinks he has a case of "hour-glass" contraction. The placenta should never be withdrawn, but should be grasped firmly after all adhesions are separated, and the next pain should be allowed to expel the hand and the placenta.—*American Homœopathist*.

BRASS HURTS THE EYES.—It has been recognized by careful observers that there is an intimate relation between the great prevalence of sore eyes to be found in the street car conductors and the prevalence of brass railings and rods, etc. The homœopathic physician will find by reference to the provings of *Cuprum Metallicum*: "Eyes: dim; fixed and staring; protruding, glistening; turned upward; lustreless; sunken with blue rings, feel so weak that they close. Bruised pain in the orbit when moving the eyes. Eye balls red, move like a pendulum, from side to side. Quick rotation of balls with lids closed, severe pain in eye-balls during attacks. Inflammation of periosteum and cellular tissue in orbita; spots on cornea." With this data it would not be difficult for the observing physician to determine whether the trouble be due to this cause or not.

In Riverside county, Cal., the Homœopaths have all the official positions: county physician, coroner, and physician to the county hospital. The city physician of Riverside is also a Homœopath. In the adjoining county of San Bernerdeno is the Southern California Insane hospital, also under Homœopathic treatment.

Book Reviews.

Volume 2 of *Goodno's Practice of Medicine*, is one of the latest contributions to homœopathic literature, and the same literary excellence is shown in this as appeared in volume 1. *Diseases of the Circulatory, Respiratory, Urinary and Digestive System*, with consideration of *Parasitic Disease* make up the present volume, which will be read and studied with both interest and profit by the general practitioner. A comparison with volume 1, leads us to the conclusion that the doctor has been more at home in the consideration of many of these topics than will be noted in the contents of volume 1, and has shown more inclination to be guided by the law of *similia similibus curantur*. But it will be noted that he looks upon the local manifestations of a disease as the disease *per se* and that removal of the pathological results of the disease constitutes the removal of the disease, and that he selected his remedies in accordance with this belief, instead of being governed by the totality of the symptoms and appearance, regardless of the name selected. Notwithstanding this criticism, however, there is so much in the work to be commended that the homœopathic profession have reason for being proud of this contribution to its literature.

Pregnancy, Labor and the Puerperal State. Egbert H. Grandin, M. D., and George W. Jarman, M. D. Published by the F. A. Davis Co., Philadelphia. There is so much of value in this work that it is impossible for a review to cover all of its good points. The American Text Book of Obstetrics is almost an encyclopædiæ upon the subject, containing very much that is incidental and of great practical value in the general consideration of the same, but in this work of only about two hundred and fifty pages, practically every thing has been eliminated except what the practitioner *wants to know of the woman about to be delivered of her child*. All discussion has been eliminated, and so *plain and simple* is the presentation of the text shown, combined with the many photographic plates that the student, or practitioner may *see for himself* every step in the progress of either a *normal* or an *unnatural* labor. Its wonderful *simplicity* and at the same time *completeness* of statement can not be too highly

commended; and no obstetrician or medical student can afford to be without it.

The supplementary volume of the International Encyclopædiæ of Surgery has been issued from the press of Wm. Wood & Co. This will be of comparatively little interest to the profession at large, unless they possess the preceding six volumes of this Encyclopædiæ, although it is intended to cover the recent advancement in the entire range of surgical thought. Its editors being recognized as including the foremost surgeons of the world.

Proceedings of the International Hahnemannian Association for the session of 1895, presenting a very gratifying appearance and contains some valuable additions to our materia medica in the exhaustive provings of *Bursa Pastoris*, under the direction of B. Fincke.

W. B. Saunders, of Philadelphia, has a thorough understanding of the wants and needs of the medical profession, and has given proof of the same in providing the ways and means, by which the series of American Text Books have been put upon the market, and the extraordinary sale of these books gives evidence of the appreciation felt by the profession, thereby enabling the publisher to redouble his efforts in this direction, as the results of which we have two thoroughly revised editions of an American Text Book of Surgery, edited by Profs. Keene and White. Only three years have elapsed since the first edition was placed upon the market, but so rapid has been the progress in the technique of surgical procedures that much of the first edition has, of necessity been revised, that everything might be brought down to date. Our knowledge of surgery is so limited that we cannot point out the advantages of this edition over the first, although the fact that a revision generally embodies suggestions and criticisms from those who have a knowledge of previous editions. So we can only commend the excellence of the illustrations, many of them being taken from photographs, and to suggest a way by which future editions might be greatly improved. The mechanical procedure is the same in the hands of every skillful surgeon, but the treatment preceeding and following the operation may differ so materially that the usefulness of the work might be enhanced by the corporation of different methods of treatment, that the operator might be permitted to appropriate such sugges-

tions as in his judgment would be the most applicable to each individual case. We would therefore suggest that future editions of an American Text Book of Surgery should contain a consensus of such treatment as has proven advantageous in the hands of the entire profession.

An American Text Book of Obstetrics.—It would seem as if the publishers of the American Text Book of Obstetrics, (Wm. B. Saunders), has reached the culmination of the printers skill in this artistic production. Dr. Norris has been wonderfully assisted in his labors by the employment of an art editor, Robert L. Dickinson, M. D., by means of which nearly nine hundred color and half tone illustrations can be found in this work of over one thousand pages. Every point made the different contributors capable of illustration has been honored with either a color or half tone engraving, consequently we predict for this book a sale surpassing that of any other upon obstetrics ever brought before the profession.

Another addition has been made to Saunder's *New Aid Series of Manuals* on the *Practice of Medicine*, by George Rowe Lockwood, of the Woman's Medical College of New York. There is comparatively little to recommend in this work, because there is comparatively little that is original, consequently every thing is somewhat indefinite or suggestive. Although the author has taken over nine hundred pages, there is little that will be of benefit to a student in medicine.

Another addition to the Saunder's *New Aid Series of Manuals* *The Manual of Syphilis and Venereal Diseases*. By J. Nevans Hyde, of Rush Medical College of Chicago, and his clinical assistant, Frank H. Montgomery. This careful student and popular teacher has given to the student a most valuable text book upon this important subject. And with the exception of the treatment, there is little to criticise and much to commend.

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NEIGHBORS WHO WERE NOT NEIGHBORLY.*

F. E. GLADWIN, M. D., H. M.

There were two neighbors living over the way, one was named Apis and one was named Rhus. Less of an observer would easily mistake one for the other. Because of this resemblance one would naturally suppose they would be congenial friends, and often found together; but, on the contrary, if Rhus went anywhere Apis would under no consideration follow him, and if Apis started for a place Rhus would not follow him. If by accident they came into the same house they quarreled and quarreled, and it was almost an impossibility to find anyone who could act as peace-maker between them, they seemed determined to disagree and they fought to the detriment, if not the destruction, of the house in which they met.

Apis was nervous, irritable, restless, hysterical; restless at night, thought he would die. Rhus said he should think anyone would die whose children were always shrieking out at night; he never before heard such sharp shrieks as Apis children gave; if they belonged to him they'd get spanked out of it. His own children were just as restless as Apis. They would rise at night, throw the covers off, even get out of bed, but they had been taught to keep their voices quiet and not disturb the neighbors. The truth of the matter was: the Rhus children screamed out just as the Apis children did, but no one ever hears the noise of his own children.

*Lecture delivered at Philadelphia Post-Graduate School of Homœopathics. Reported by Geo. M. Cooper, M. D.

Rhus at times became so despondent that he would go out and drown himself if he were not afraid of death, no thought of suicide ever came into his mind.

Apis children were inclined to brain troubles, hydrocephalic enlargement of the head, fontanelles re-open, child bores its head into the pillow, throws head back and rolls it, eyes are red, head hot, hands cold and blue, urine suppressed, and with it all the sudden, shrill cries. Rhus congratulated himself that his children didn't have hydrocephalous and knew if Mrs. Apis had properly treated her children through their attacks of summer complaint, eruptions of the skin, and eruptive fevers, they too would have escaped.

Apis and Rhus were susceptible to about the same diseases, and what one had the other had, much to the disgust of both. When Apis had sore eyes, Rhus had sore eyes also; Apis' lids were swollen and oedematous, so were Rhus'; Apis had scalding hot tears, so had Rhus; Apis' lids were swollen shut, and hung over on the face like sacs, Rhus' lids were also swollen shut; Apis' lids were dark, bluish-red, or purplish-white, Rhus' lids were fiery-red; Apis had erysipelas of the lids, the smooth swelling extending to the face, Rhus' erysipelas of the lids also extended to the face, but small, watery vesicles were scattered over Rhus' erysipelas; Apis thought Rhus was foolish to use warm applications when cold water made the eyes feel so much better; Rhus thought if Apis weren't such a coward he would endure the first unpleasantness of a hot application for the sake of the relief that followed.

Apis and Rhus were both a little hard of hearing, they each had Otitis after Scarlet fever, then Rhus' ear discharged a bloody, excoriating pus. Each also had dropsy after Scarlet fever.

Both had nose-bleed in the morning, though Rhus also had it at night.

Apis was subject to erysipelas of the face, it was intensely hot, pink, red or livid, puffy, shiny; sore to touch or burning, stinging pain; it came only on one side of the face or it began on the right side and went to the left. Rhus' erysipelas was hot, greatly swollen, dark-red or bright-red, shining and covered with vesicles, burning, stinging, itching, but Rhus' erysipelas began on the left and went to the right.

Rhus accused Apis of imitating him in every way possible, saying he had even copied his red tip of the tongue.

Rhus said: "If you want to see vicious children just go and see the young Apises snap their teeth;" while Apis declared that his children were not vicious, 'twas an involuntary snapping, which they could not help," and added: "if you want to see dirty children go look at Rhus, their sore heads are too offensive to permit of inspection, they are so vile that the hair is eaten off." Rhus responded: "If you do inspect them you won't find any pediculi, which is less than can be said of Apis' children; whatever else may have happened to the young Rhuses their heads have never been shaved because so full of lice."

Apis said Rhus feels so aristocratic that meat is not good enough for him to eat, but he must have oysters and dainties to live upon, and Rhus replied: "Apis is jealous or he wouldn't make such remarks, but it's no wonder that anyone so clumsy and awkward as Apis, should be jealous of others less awkward."

Rhus was prone to rheumatism, if he got wet or strained his muscles, rheumatism was sure to follow; it attacked his muscles; it attacked his joints; but it seemed to take the most diabolic pleasure in settling down in the tendons or where the tendons are fastened to the muscles or bones; these were its strong-holds; for in these places vital action is too sluggish to easily drive it out; it usually chose the left side, but just as Rhus began to get used to his presence there, it often made up its mind to go over and try the right side.

Rhus abhorred stormy weather, for his rheumatism always selected rainy days for carnival days. As the storm approached the jolification began and in spite of Rhus' greatest efforts he couldn't subdue it while the storm lasted. Whenever Rhus moved it asserted itself, but if he persisted in moving it would leave him in peace until he dared to rest again.

As Rhus was pacing the floor like a caged lion one day during an approaching storm he glanced out of his window and immediately got angry at Apis for mocking him. Sure enough there was Apis groaning with rheumatism, though he was nursing his right side instead of the left. Apis looked over at Rhus and thought "he couldn't be walking around like that if his pain were as severe as mine." Rhus glanced back at Apis and said:

"his suffering can't be as great as mine, or he couldn't keep still like that."

Wet weather didn't seem to affect Apis as it did Rhus. Rhus rubbed his painful fingers and hoped his hands would never become distorted by such gouty nodosities as Apis' were. He should have known it was a vain hope, for all of his ancestors had gouty nodosities. Rhus said 'twas no wonder that Apis is clumsy and drops things with those hands. Apis knew that his clumsiness was due to threatened paralysis which had a spinal trouble behind it. Rhus thought Apis could tell him nothing about spinal troubles, he had had inflammations of the spinal membranes himself once after sleeping out on the damp ground, but it didn't give him paralysis or make him clumsy, and as for paralysis he could tell Apis all about that also for he had had it once after overexerting himself and catching cold.

Rhus awoke one morning to find his heart palpitating violently, he had been overfeeding himself the day before. Rhus had an organic heart and had to be very careful about overexertion or getting wet. He looked out of the window to see if, as usual, Apis was imitating him and sure enough there sat Apis in the open air trying to get his breath, the expression of great anguish upon his face proclaimed the cardiac distress; every contraction of the heart shook the whole body; he looked as though each breath would be the last; even Rhus could see that the imitation was rather overdrawn, but he was not surprised.

Rhus thought Apis a fool to make such a fuss over the new vaccination law; but Apis had had an experience; his children were of the kind that didn't take kindly to vaccine poison, instead of having arms like the fortunate unsusceptible children their vaccinations were followed by swelling of the arm and shoulder which were sensitive to touch, red spots appeared upon them with red streaks to the axillary glands, erysipelas appeared, an abscess formed which discharged great quantities of pus; before this healed, mortified cellular tissue appeared in the opening. Apis was thoroughly convinced that it was too much like blood-poison to please him, and he didn't believe he had any right to endanger the lives of his offspring in any such way. The fact that his children had died of confluent small-pox, in spite of having been vaccinated, didn't increase his desire to have it tried again in his family. Apis denounced it as a barbar-

ous practice and Rhus accused Apis of having a prejudiced mind.

Rhus and Apis each had a child sick from diarrhœa, both were in a low and dangerous condition. The Rhus child had dysentery with a tendency to Typhoid condition. The Apis child had cholera infantum, and had gone into hydrocephaloid condition. Each had an offensive, painless, involuntary stool. The Apis child had an involuntary stool with every motion, with a constant oozing from the anus, of which the patient was unconscious. The Rhus child was worse at night, worse after drinking ice water, the trouble appeared after getting wet and after a strain, and was worse in cold, damp weather. The Apis baby was worse in the morning, worse in a warm room, worse from acid drinks, and worse from motion. Each had pains before stool, each had urging and tenesmus during stool, but Rhus had tearing pains down the thighs and little Apis had a bruised feeling in the intestines. After stool Rhus had a remission of pain and urging; Apis had rawness of anus, heat and throbbing in rectum. With it all Rhus had dry, rough tongue, with red edges and tip. Apis a dry tongue, cracked and sore, with little or no thirst. Rhus had great thirst for cold water or milk. Apis had a bruised, sore feeling of the abdominal wall, with excessive tenderness felt on least pressure. Rhus had tearing pains down the thighs with necessity of changing position for relief. The Rhus child had restless sleep, troublesome, vivid dreams of hard work and difficulties; while the Apis baby lay in a stupid sleep, which was occasionally interrupted by shrill, sharp screams. Rhus and Apis took care of the children so well that each recovered.

Rhus had taken cold, he had been out in the rain three or four days before and remained wet for several hours, as a result there appeared oppression of the chest, restlessness at night, acute pain in the chest, couldn't take a breath, respiration was hurried, very short at night; dry, teasing cough with tearing pain in the chest. Apis had a cold at the same time, he had a dry, spasmodic cough morning and evening, worse at night, deep inhalations start the cough. Rhus chuckled to himself that for once Apis hadn't succeeded very well in his imitation.

Rhus spent a day in the park and one morning two or three days afterward he awoke to find his face and hands red and swollen, and covered with vesicles filled with clear, yellow, watery

liquid, the vesicles coalesced into blisters; when the blisters broke and the fluid touched the skin new vesicles formed. The burning and itching was intense, any touch caused the itching which rubbing ameliorated a little, during the rubbing, but caused the eruption to spread, as it was almost impossible to rub much without breaking the blisters. After the rubbing the burning and itching became almost maddening. The applicatton of hot water caused first an aggravation then an amelioration. Rhus thought at last he had something that Apis could not imitate, as Apis had not been among poison, but there was Apis covered with red spots, which were covered with small vesicles, which exuded moisture; the itching, stinging and burning were so intolerable, that Apis scratched until it bleed; the eruption was equally sensitive to the warmth of the room or bed. Apis didn't often have such an eruption, he was most likely to have urticaria like bee-stings, small, white spots with red areolæ, itching violently, worse at night, or it would come in insolated elevations, painful and tender to touch, assuming a purplish or livid color; but for once, as Rhus said, just to imitate him, Apis had the vesicular eruption on an inflamed base. Rhus sometimes had urticaria, but it was brought on by getting wet, then Apis wanted to know whose imitation that was.

Apis had a nervous irritability greater than that of Rhus. Apis was restless at night from nervousness, so was Rhus; but Rhus was more likely to be restless from pain.

Apis had great weakness in all his limbs and wanted to lie down, so had Rhus; Apis was sleepy in the morning, you could hardly waken him, his sleep was so heavy; Rhus was sleepy after eating.

Apis had a general aggravation in the evening, Rhus had a particular aggravation in the evening; Rhus had a general aggravation in the morning, both were worse at night; Apis was better in the cold, open air, Rhus was better in the warm air; Apis was worse from motion, Rhus was better from continued motion.

Apis was made sick by mental emotions, severe mental shock, punctured wounds, dissecting wounds, suppressed eruptions. Rhus was made sick from suddenly checked perspirations, damp weather, overstrained muscles and from getting wet.

The Apis family were subject to effusions, they had effusions of the arachnoid, of the pericardium, of the pleura, of the peri-

toneum, and cellular tissues; no matter what diseases they had, dropsy seemed to develop. They had dropsy after scarlet fever, dropsy with chronic rheumatism, with angina pectoris, with marasmus. The women of the family had dropsy during pregnancy, puerperal convulsions, prolapsus uteri, amenorrhœa and cancer of mammæ.

Rhus looked out one day and saw his neighbor Apis sitting on the porch in a chair, swollen from the crown of his head to the soles of his feet; there was dropsy everywhere; his arms, abdomen, feet, legs, had all been attacked; the skin had burst on the legs in several places and water was oozing from them, it was impossible for him to lie down. Rhus remembered the time when he too had dropsy, but 'he was so bad that he was obliged to stay in the house propped up in bed.' "Apis certainly couldn't be very ill, if he could be out in the open air." Unfortunately for Rhus' prognosis Apis had an organic heart and compensation had given out, so all that could be done for Apis was to relieve his sufferings while he lived and give him euthanasia.

Rhus did not long survive him; for some unexplained reason small-pox developed, the eruption turned livid, there was burning fever, burning thirst, lips and teeth covered with tenacious brown mucous, suppressed urine, diarrhœa with dark, bloody stool, and great prostration. For once Rhus had followed Apis, and no one knows if they agree.

NUX VOMICA.—PRACTICAL APPLICATIONS.

EDWARD FORNIAS, M. D., PHILADELPHIA.

(Concluded in this number.)

Few drugs of our *Materia Medica* have a more brilliant clinical history than **Nux Vomica**; few also have been more frequently abused by all schools of medicine, and yet no single remedy, that I know, has attained so wide and universal a reputation, especially in connection with homœopathic practice.

My own experience leads me to look upon it as one of the most valuable remedies we possess to combat the *evil effects of sedentary habits, mental exertion, chagrin, high life, and long-continued night revelling, with excessive drinking and smoking*: in other words, conditions of *depression* consequent upon *over-stimulation*.

Studied as a *gastro-neurotic* remedy, it will be proper to epitom-

ize, first, its general action on the **nervous system** and **organs of digestion**, and consider afterwards its influence upon other parts of the body. We have seen, by the preceding analysis, how prominently this drug acts upon the *nervous system*, affecting chiefly that portion of the *spinal cord* which presides over *reflex functions*, deranging the harmony of muscular action, sending, under the slightest stimulus, the limbs and trunk into **tetanic convulsions**, and finally *exhausting the centres* to the extreme of producing *torpor* and even positive **paralysis**. Affected by *spasm* are also other parts of the body, the *face, jaws, throat, larynx, œsophagus, and intestinal and urinary tracts*. The energetic action on the *voluntary or striped muscles* offers a marked contrast with the *passivity of the mind*, which during the convulsions remains *unaffected, exactly as in tetanus*. On the other hand the *oversensitiveness to external impressions* is so great, that the least stimulus is sufficient to provoke or renew the *spasms*. Under its influence the *brain becomes congested*, giving rise to a condition akin to **apoplexy**, where it has been employed with success, when dependent upon the *abuse of spirits*, or followed by *paralysis*. **Softening of the brain** has also been recorded as one of the deeper effects of **Nux**. It is claimed to be a *paralysis* resulting from softening of that portion of the *cerebro-spinal-axis* which sends off nerves to the paralyzed limb. No less vigorous is its action upon **nutrition** and **secretion**, which, as you know, are functions of *appropriation* and *exclusion*, causing *functional perversions, structural changes, and quantitative and qualitative alterations*, not only of certain of those combinations, which directly or indirectly are essential to the economy, but of the excrementitious products of digestion, which are already improper for the uses of life. We have also noticed, that as a result of these *metabolic changes*, a train of symptoms is produced, from which we can derive valuable indications for the treatment of many **affections of gastric, hepatic, and intestinal origin**. Of import is, likewise, to take notice of the *derangements* brought about by this drug on the *system of the vena portæ, respiratory tract, and genito-urinary organs*.

The most essential feature of **Nux**, however, is its power to produce a **habitus biliosus**, in which, with the *icteroid coloration of the skin, loss of appetite, nausea, vomiting, despondency*, etc., we find associated the peculiar *constipation* of

the drug, with or without *hemorrhoids*. These symptoms, independently or combined with those about to be enumerated, are the *elements of decision* in the selection of this remedy. The *symptomatic complexus* includes:

Oversensitiveness to external impressions;
Irritability of temper, or angry disposition;
Hypochondriasis or dejected peevishness;
Disposition to scold and find fault;
Irresistible sleepiness after eating;
Broken sleep after 3 A. M.;
Heavy sleep after day-brake;
Dislike to get up at the usual hour;
More weary after rising than when going to bed;
Pressing vertical, or dull frontal headache;
Tearing and burning pains in the back;
Great fatigue after a walk;
Sudden loss of power in the arms and legs;
Tetanic spasms of limbs, trunk and jaws;
Flatulent distention after eating or drinking;
Ineffectual urging to stool, or to urinate;
Abdominal plethora, with hemorrhoids;
Shortness of the intermenstrual interval;
Aggravation in the morning and after eating.

Furthermore the *etiology* of the most *characteristic symptoms*, embraces, *sedentary life, protracted mental labor, revelling, loss of sleep, highly seasoned food, abuse of coffee, tobacco and alcohol, sexual excess, and all kinds of drug mixtures, and nostrums.*

The above, more or less, is the general knowledge we should possess, in order to examine with profit the clinical uses of **Nux Vomica**.

Following the order of the analysis, I take for consideration, first, those **acute fevers** in which this remedy has gained the greatest reputation. In general, we shall find it often indicated in all *febrile conditions where cold predominates, and there is a marked sensitiveness to the least current of air*, especially if the *chill is preceded or accompanied by heat*; or in all sort of *fever, where a gastro-bilious state prevails, with icteric coloration of the skin, ineffectual urging to stool, and irritable mood, be this intermittent, remittent, or typhoid*. All these symptoms have proved of great value in my hands, not only in *malarial*, but in the so-called **gastric fever** of tropical countries. In **intermit-**

tent fever, whether of the *quotidian, tertian, or anticipating type*; of irregular evolution or not, apart from the *gastro-bilious state*, always so predominant, my leading symptoms for the use of this drug, are, *the paralyzed feeling in the limbs at the onset of the chill, the lividity of the hands and finger nails, and the extreme sensitiveness to the least moving of the bedclothes.*

To the **spinal cord** undoubtedly belong some of the most characteristic symptoms of **Nux**, and there is scattered in our literature, a great amount of testimony in favor of its employment in **spasmodic affections**, in which *tetanic symptoms* show themselves, especially *if consciousness is retained, and the muscles of the back and extremities are thrown into spasm*, with or without *opisthotonos*, but with *complete relaxation between the paroxysms*, thus differing from the convulsions of **true tetanus**. The fact that the motor nerve centres are in the same excitable state as that produced by *strychnia*, that the tonic spasm is heightened by violent transient exacerbations, without loss of consciousness, and that the exacerbations are excited by the slightest touch, or noise, has led many to consider this drug a capital remedy in **tetanus**, but so far as my experience goes, I have nothing to offer for study in this direction. On the other hand, I have successfully treated with this remedy, many **spasmodic affections of the involuntary muscles** (throat, larynx, diaphragm, stomach, intestines and bladder) *accompanied by pain* (cramps, renal and biliary colic, rectal and vesical tenesmus, etc.).

Nux Vomica has a deservedly high rank among the remedies for **neurasthenia**, principally when dependent upon the combined effects of *debauch and sexual excess*, which necessarily *exhaust the spinal centres*, giving rise to those *lumbo-sacral symptoms* so characteristic of this drug. Apart from the train of spinal symptoms developed during this affection, and which so closely correspond to **Nux**, the student should bear in mind various points of importance in relation to the subject, and which readily explain many of the attending phenomena. (1) The *lumbo-sacral region* being less fully supplied with blood than other parts of the cord, it is the earliest to suffer the consequences of *nervous exhaustion*. (2) The *small of the back* is subject to numerous symptoms of disease, because of its relation to several important organs, as well as to the functions of the lower extremities. (3) *Abdominal plethora*, with conse-

quent hemorrhoidal fulness favors passive congestion of the lower spinal vessels. Here we have, indeed, three common sources of spinal disturbance, which rendering various functions of the body inharmonious, make of this drug a typical remedy.

Nux Vomica is eminently suited to **lumbar backache** accompanying *abdominal plethora, hemorrhoids, constipation and dysuria*. The pain is as if beaten or bruised, usually worse at night, and the patient must sit up in order to turn over from side to side, while lying down. It is thus useful in **lumbago**. In *neurasthenic patients*, the longer they lie in bed in the morning, the more does the back ache. The *backache of spinal irritation*, indicative of this remedy, is the one just described, and may be attended by the following symptoms: *Stiffness of the legs, with tottering gait; trembling of the limbs, with sudden sensation of loss of power; stiffness and tension in the hollow of knees, or in the calves; intolerance of any light clothing about the waist; sensation of a band around the waist; inclination to lie down; and numbness and formication along the spine, and in the limbs*. If *paralysis* obtains, it is ever associated with evidences of irritation, such as *violent jerks, or over-sensitiveness to external impressions, but the debility is always great*. Some of these symptoms, as we well perceive, indicate also **Nux** in **Myelitis** and in the early stages of **locomotor ataxia**, especially when due to exposure to cold, or from sexual excess. It is said to be an important remedy in **lead colic** and in **trembling** induced by *metallic poisoning*. I have often employed this drug with marked benefit in **alcoholic tremor**, when the *irritability of temper* was very pronounced and followed by dejection.

The **digestive canal**, and principally the **abdominal ganglionic system**, seems also to be the primitive origin of some of the most characteristic symptoms of **Nux Vomica**; for the *internal processes of nutrition*, together with the derangements, in which this drug has proved curative, are more especially under the control of the *sympathetic*, and require a longer time to be influenced by incidental causes, than those which are regulated by the *cerebro-spinal system*. This fact probably explains why *Nux* is more frequently indicated in *dyspeptic conditions of long standing*, dependent on alteration in the mode of action of nerves. We have observed how it *deranges digestion*, diminishing, increasing, and vitiating certain secretions; pro-

ducing *gastralgic pains of a radiating, clawing character; gastric irritability, with spasmodic ejection of retained and altered food; nausea, retching, sour or bitter vomiting, pyrosis, waterbrash, accumulation of gas, flatulent colic, ineffectual urging to stool, straining, tenesmus, and mucous or bloody stool.* In fact, we may well assert that the *gastro-enteric symptoms* calling for this drug, comprise all the varied *discomforts of pains* which are found gathered under the heads **nervous, atonic, and hepatic dyspepsia**; appearing in variable gradations, from "*waterbrash*" to "*sour or bitter eructations*;" from "*nausea or retching*" to *violent vomiting*;" from *sensitiveness at the pit of the stomach*" to "*clawing, cramping pains*;" from "*simple mental depression*" to "*confirmed hypochondriasis*." It should be remembered that the *pains* indicative of **Nux**, are not those caused by inflammation, but by *spasm*, and that the *attacks of fainting*, with which many of its *gastric disorders* are associated, are chiefly due to the fact that, as a larger supply of blood is sent to the stomach, less is conveyed to the brain, causing a temporary failure of power.

The forms of **dyspepsia** where I have used this remedy with great satisfaction to myself and benefit to my patients, are those especially connected with **portal and hepatic congestion**. Such cases are often attended by a *sense of depression and exhaustion*, and under its action I have witnessed renewed feelings of healthy elasticity and strength. When **hepatic impediment or obstruction** takes place, the onward course of the blood is stayed, and distention of the extreme veins which first receive the blood occurs, with consequent **abdominal plethora** and **hemorrhoidal engorgement**. It must, however, be remembered that this *congestion is of a passive kind*, and very different in its effects from congestion produced by active hyperæmia of irritation or inflammation. Again, whenever the blood is delayed in its course, or congestion arises from irritation, the *secretions are changed*, and as a necessary result of this *venous congestion*, the *mucus is secreted in excess*, and covers over the whole membrane as a tenacious layer. If in this state aliment is introduced, it is enveloped in mucus, solution by the gastric juice is retarded, and gaseous formation, with *flatulent distention* arises. *Food* taken a day or two before, may be *rejected by vomiting*, but if the offending mass pass into the intestine, *colic* also follows. An attack of **hæmatemesis**, or of

bleeding from hemorrhoids, by removing the congestion, may afford comfort to the patient, but the distressing symptoms are very quickly reproduced. The *abdominal plethora*, indicative of **Nux**, is easily understood if we bear in mind, that *sedentary habits, accidental indiscretion in diet or by intemperance, or by long-continued excess in food or in stimulants*, are important factors in the production of **sluggish liver**, an organ always at the mercy of its four sets of tubes, the portal veins and hepatic artery engaged in bringing material, and the bile ducts and hepatic veins in carrying away. Moreover, the veins of the stomach pass into the *vena porta*, and thus directly to the liver; and any irritating material or stimulant, after exciting the gastric mucosa, also creates similar abnormal action in the liver. Thus *ardent spirits* exert their action at once upon the liver, and although the erythematous inflammation of the stomach produced in this manner, very quickly subsides, less readily does that of the liver, for the *secretion of the bile is changed, it is diminished, or it becomes of an unusually irritating character*; the elements of bile are thereby retained in the blood, and thus the balance of the whole economy is upset. If the offending cause is only temporary, then the *irritation* it has excited soon diminishes, and the attack is what is so often called a **bilious attack**; but if on the contrary, the *irritation* is renewed day by day, then the *congestion of the stomach* becomes more persistent, its secretions are disordered, the liver suffers severely, the depuration of the blood is hindered, effete materials are retained, and as a result we have *engorgement of the portal system*; the disease thus leading to *organic change in the liver, and to dropsy*. The symptoms of **biliousness** or **sluggish liver** are almost those of *dyspepsia*, but the *sallow countenance, bitter taste, and mental depression* are more pronounced; a fact which explains the great usefulness of this drug in *dyspeptic conditions* associated with *hepatic disorder*. **Liver dyspepsia**, like **gastric weakness**, consists in defective activity of the functions, the protoplasm not performing its work efficiently. The *aggravation after eating* is a guiding symptom of **Nux**, but the student should bear in mind, that *hepatic congestion* always accompanies the digestive act; and is apt to exceed its normal limits, whenever food is taken in excess, or is of an irritating nature, especially when connected with alcoholic

abuse. Hence the importance of regulating the diet of subjects thusly affected.

Another variety in which I have tested its curative power, is in the so-called **atonic dyspepsia**, due to *exhaustion of the cerebro-spinal nervous system*. After much anxiety of mind, close intellectual application, whether the result of literary pursuit or the competition of commercial enterprise, the impress of the *mental state* is stamped upon the whole organism. The lineaments of the countenance portray the operations of the mind; *the careworn expression, the loss of memory, the inability to think or calculate, the restless, awkward manner, the irritability of temper, the dejection*, all show that the mind has been taxed beyond the powers of the body. In the *Nux patient*, there is besides, *pallor or sallowness of the face; his sleep is short, late from crowding of thoughts, disturbed by dreams full of bustle and hurry, and finally awakens at 3 A. M., falls into a heavy doze at day-break, from which he is hard to arouse, and feels then unrefreshed and more weary than at bed-time*. Associated therewith, there may be *dull headache or giddiness, white coated tongue, palpitation of the heart*; sometimes *nausea or actual vomiting; the bowels are constipated, the appetite is diminished, and if food be taken, it is felt to remain as an undigested mass, producing weight and pain at the scrobiculus cordis*; at other times there is *faintness after food*; and when undigested portions pass into the pylorus and duodenum, *violent cramps, or spasmodic pain* is produced. The irritation caused by the retained food aggravates the ailment, and fermentation or decomposition is set up, with *flatulence, pain, heartburn, or severe gastralgia*. Imperfect solution, however, may arise from excess of food, rather than from diminished solvent power of the gastric juice. To the comparative cessation of the digestive powers, after any sudden mental shock, **Nux** also, closely corresponds. It may be, that in this condition of nervous exhaustion, the stomach receives an insufficient supply of blood, but there can be very little doubt that intimate connection of the *vaso-motor or sympathetic nerve of the stomach*, with the *cerebro-spinal centres*, determines this marked effect upon the digestive function.

A similar train of symptoms, indicates also **Nux** in those *atonic conditions of the stomach* dependent upon *exhaustion of the nerve of organic life*, for the large nerve ganglia of the abdomen are not only affected secondarily by the state of the mind, but

they may become directly involved. In some of these cases, there is a *sense of apparent exhaustion*, and the mind often becomes *dejected, melancholy, disturbed by vague apprehensions, and prompted to suicidal acts*, the more so if these symptoms be associated with any other cause of undue loss of strength. I have had patients under my care, highly benefitted by this drug, in whom the same condition of exhaustion and enfeebled digestion, were due to *sexual excess, excessive use of tobacco, imperfect mastication, or pampering with highly seasoned food*. This drug seems to rouse the vital energy, and relieve the flatulent distention and constipation, but when given very low, will aggravate or produce a *sense of distressing faintness and exhaustion*.

Nux has proved a most valuable remedy in **jaundice** due to impaired or deranged innervation, and *provoked by anger*; or dependent upon excessive secretion of bile, such as occurs in *hepatic congestion*; or arising from excessive absorption of bile into the blood, in *habitual constipation*; especially when attended by *troublesome itching of the skin, fainting turns, irritable temper, aversion to food, bitter taste, and a sleepy, drowsy sensation at all times*, but principally after meals. It has been also recommended in **obstructive jaundice** from *gall-stones*.

I have found **Nux** frequently indicated in **Gastralgia** associated with *protracted constipation*, in individuals with *sedentary habits*, or who *abuse alcoholic drinks and tobacco*. Also in **spasm of the stomach**, with severe *pain of a gripping, clawing character*, often relieved by hot drinks or by vomiting, and brought on by *over-distention of the organ by food or flatus*; and by *irritating ingesta*. It is of great value in **dysentery**, when the *urging ceases after stool*, and there is more or less **dysuria**.

Nux is one of our best remedies for **constipation**, but as stated in the first part of this analysis, it is indicated when there is an *ineffectual urging to evacuate the bowels*, without lack of tone, or absence of desire; sometimes leaving, after repeated efforts and partial ejection of the accumulated feces, a *sensation as if something remained behind*. A phenomenon of checked expulsion, from *spasmodic contraction of the sphincters*, which invariably resists the solicitations of nature and hinders normal peristalsis. It ceases to be the remedy, when by this protracted inharmonious action, the bowel is allowed to become habituated to the presence of feculated matter, stimulation is lost, and torpidity ensues. In connection with the subject of *constipation*, I

may profitably state here, that it has been supposed by many, that a daily relief from the bowels is essential to health, and purgatives are often given to induce this action; and when, especially in early life, *constipation* becomes obstinate, *cathartics* are unfortunately repeated, and persisted in, so as to compel a continuous effect, thus frequently creating, or aggravating just the very trouble we are seeking to overcome, for, we know very well that many drastic purgatives actually diminish biliary secretion, which is a constant source of habitual constipation. Moreover, the *stimulus* thus acting upon the *alimentary tract* must be repeated to produce similar action, the strength of the remedy, if remedy can be called, is gradually increased, and as a result we have *inactivity of the bowels with distention*, for, with increased size, greater contractile power in the involuntary muscular fibre is required. Such cases daily come to us for treatment, and usually demand **Nux**. By its aid, entirely leaving off medicinal irritants, regulating the diet, and using measures calculated to invigorate and strengthen the system, especially walking and horse exercise, the healthy tone of the alimentary canal is gradually regained. This is a fact that cannot be gainsaid by any experienced physician.

Of all *catarrhal conditions of the respiratory tract*, it is in the initial stage of **coryza** where I have found **Nux** to act most efficaciously, especially if caused by *dry, cold weather*, or by *sitting on cold places*. The leading symptoms for its employment are *dryness and obstruction*, and the usual attendants, *sneezing, heat and weight in the forehead and roughness and scraping in the throat*. So persistent is the *stoppage* under **Nux** that even when there is a *thin, acrid discharge*, yet one or both *nares are obstructed*; or if the *coryza is fluent during the day*, it becomes *dry in the evening and at night*.

In **laryngeal irritation or inflammation** it is indicated when the *cough is short and fatiguing*, worse in the first hours of the morning, and attended by *bursting headache, great epigastric soreness, hoarseness*, and sometimes by a moderate amount of tenaceous mucus in the throat and chest; the general symptoms, of course, always being taken into consideration. It should be studied in all **dry coughs** induced by motion of the body and exertion of the mind; by forced expiration, reading, cold air, eating and drinking, acids and smoking; especially if appearing in the evening or at night after lying down, or worse

early in the morning or at night. It is particularly useful in some forms of **asthma**, connected *with imperfect or slow digestion*, occurring after over-indulgence in food, especially taken late in the evening, and *relieved by belching, vomiting, or unloosening of tight clothing*.

Probably, in such cases, the afferent impulses travel through the *gastric branches of the vagus*, and are reflected at the *medulla* through its pulmonary offsets. Moreover, **Nux Vomica** is the first remedy to be thought of in the **asthma of dyspeptics**, with *hemorrhoids, constipation, and irritable temper*, who habitually take coffee, alcoholic drinks, and are the victims of sedentary habits and close intellectual application, particularly if the attack occurs in the morning or after eating. It should, likewise, be consulted in **epistaxis** and *hæmoptysis*, in a person of a hemorrhoidal disposition, or when dependent upon *suppression of any habitual discharge*, and occurring after debauch and in drunkards, or in *irritable women*, with early and profuse menses. In the *nose-bleed* of this drug the blood is always black, and usually comes on at night during sleep.

An important action of the *spinal cord*, as a nerve center, is to control the **sphincters of the bladder**, regulating the accumulation and discharge of urine, for though the contraction of the viscus itself, is under the influence both of the *sympathetic and cerebro-spinal system*, its most energetic stimulus is derived from the *cord* through the *sacral nerves*. Hence, as in *defecation*, when there is disturbance or loss of this controlling power, we may have as a result *frequent micturition, involuntary urination, and even retention of urine*. **Nux Vomica** deranges this reflex action of the cord, producing *painful, ineffectual urging to urinate*, and consequently is indicated in **dysuria** dependent upon chronic irritation of the lower portion of the spine. Under this drug we also find **incontinence of urine**, which is due to paralysis of the sphincters, and for this condition, when the general symptoms agree, it is given with good effect. It also causes **retention of urine**, which is claimed to arise, first from *spasm of the neck*, and ultimately from *loss of power* in the muscular coat of the bladder, so it may be found serviceable in **paralytic retention**. The *irritability of the bladder*, with burning, tearing pains while urinating, has led to its employment in **chronic prostatitis** of habitual drinkers; and in the same class of subjects, suffering from **catarrh of the bladder**,

after *maltreated attacks of gonorrhœa*, and *abuse of cubebs or copaiva*, I have used this remedy with marked benefit, especially if micturition was attended by a *painless discharge of very tenacious mucus*. The **hematuria** successfully treated with this drug is always dependent on the *suppression of habitual discharges*.

The action of **Nux Vomica** on the *genital organs*, readily suggest its adaptability to some cases of **onanism, spermatorrhea and impotence**. Night reveling, protracted excitement, sexual abuse, and stimulants, being the chief causes of the *abnormal erethism*, or *loss of viril power*. Another affection of the parts, in which this drug has proved very serviceable, is in *wet-dreams*, with much irritability, expeditious seminal discharges, or painful erection. It has also been highly recommended in **inflammatory swelling of the testicles** (*orchitis*), with stinging and spasmodic contraction, extending to the spermatic cord, the parts being hard and drawn up.

In **menstrual derangements**, it is indicated by the *shortness of the inter-menstrual interval*, there being a repeated return of the flow. The *menses are too early and too profuse*, with dark, black blood. During and after the *catamenia*, there is appearance of new and aggravation of old ailments. **Prolapsus uteri**, from straining and lifting, is a condition requiring the study of **Nux Vomica**, and it is surely the remedy, if attended by *bearing down toward the sacrum* and *ineffectual urging to stool*, or *pressing on the bladder, with urging to urinate*. During the **parturient state** is often indicated, when the **after pains** are violent and protracted. It has been frequently given with success in **false and inefficient labor pains**, accompanied by *constant pressure to urinate and to pass stool*. When the *labor pains* nearly or entirely cease, exactly as in **Pulsatilla**, the temperament of the patient is the deciding factor between the two remedies. **Nux Vomica** should also be considered in the **morning sickness of pregnancy**, with more retching than vomiting.

Institutes of Medicine.

CLINICAL CASES.*

A. W. PHILLIPS, M. D., BIRMINGHAM, CONN.

Nov. 1st. Mrs. N., age about 60. Black hair and eyes, dark skin, rather full habit. Since passing the climatrix had been operated upon for laceration of cervix and perineum, and treated successfully by electricity for inflammation and slight enlargement of left ovary.

Nov. 17th, I was first called to see her. History of the case for the past year or two I was unable to get a very clear description of, but at this time the symptoms were as follows:

Great weakness with anxiety; quite sure this was her last illness; inability to sleep more than one or two hours at a time, and that in the first part of the night and early morning; loss of appetite, a small quantity of food causing a feeling of fulness with heat and burning in the stomach; weight and heaviness after eating, great distress from gas with loud belching of wind; flatulent distention of abdomen; most obstinate constipation without desire for stool; evacuation only possible after an injection of sweet oil followed in six to twelve hours by an injection of soap-suds; this would result in scant evacuation of dry, hard lumps of fecal matter either light, or almost black, in color. Spleen congested and much enlarged, extending from left hypochondrium to about on a level with the umbilicus, very sensitive to touch; urine scanty and light colored; about every third to seventh day she would have what the family called a "poor spell," at which time she would grow cold, the features looked pinched, pulse loudly perceptible, etc. This usually lasted but a few minutes and was relieved by a few spoonfuls of brandy and hot water, given as soon as could be obtained and she could swallow. These symptoms were followed by expulsion of quantities of gas, then a light sleep with light fever for a few hours, then perspiration.

About Dec. 10th, two prominent physicians from a neighboring city were called in consultation, one a Homœopath, the other

*Read at the semi annual meeting of the Connecticut Homœopathic Medical Society, May 21st, 1895.

Allopathic; their diagnosis was "yellow atrophy of the liver." Prognosis unfavorable; they thought she might live three months. At this time the patient had become greatly emaciated, able to take but a small quantity of champagne or soup, the latter often rejected. At times nausea with vomiting of whatever was in the stomach, a few times the ominous coffee grounds.

There was also violent pains in head with confusion of mind, pronounced dilatation of pupils with confusion or illusions of sight, extreme restlessness with prostration, excited sensibility of skin with great itching; this last symptom was important and distressing as far as the patient and attendants were concerned. Sometimes it was constant labor for hours for two or three of the attendants with flesh brush, flannel hot, cold, wet, dry, in fact all known and unknown applications to relieve the intense irritation of the skin.

It took much talk on my part to convince the family that the itching was due to the excessively jaundiced condition; never in a northern climate have I seen such a deep, almost mahogany colored skin and mucous membrane. The urine was deeply stained with pigment; temperature varying from two degrees above to two or more below normal; tongue dry and brown, with difficulty in protruding it; breath fetid. Many or most of the above symptoms were worse after sleeping, whether at night or day. Such in brief was the condition of the patient on Dec. 23rd.

Up to this time she had received *Aloes*, *Argent. nit.*, *Ars.*, *Bry.*, *Calc. c.*, *Chel.*, *China*, *Ipec.*, *Lept.*, *Lyc.*, *Nux.*, *Opium*, *Phos.*, *Plumb.*, *Poda.*, *Rhus*, *Sulph.*, etc., etc.; remedies prescribed from pathological and symptomatical standpoints.

On the morning of the above date, (Dec. 23,) I gave three doses of *Lachesis*²⁰⁰, a powder every three hours, to be followed by *Sac. lac.*, a dose every three hours. Improvement in many of the symptoms was noticeable within twelve hours, which continued until Dec. 30, when a standstill came, and *Lachesis* was repeated; the 3rd and 8th of Jan. it was again repeated. On the 1st of February she received the last dose of *Lachesis*. Improvement in every way continued. Refreshing sleep and appetite returned; bowels became regular; urine clear amber; skin cleared up; and from the 10th to 15th of Feb. the patient was discharged. Since that date she has regained her flesh and reports herself as in better health than she has been for years.

I will report to you a case of diphtheria which occurred in a German family at the time Anti-toxine fever was at its height, and to which I referred when confronted by the statement, made by local physicians, that cases of diphtheritic croup never yielded to remedies, but had always proved fatal, prior to the advent of Anti-toxine. There were eight children in the family, few of them had diphtheria of a severe type, and one died. The case to which I wish to direct your attention is that of a little girl five years of age. On Jan. 1, 1895, she had a slight chill, followed by high temperature, nausea, head and backache, and severe pains all over, with great restlessness. Examination of her throat showed small patches of dark membrane on the right side and posterior wall of pharynx with elongation of the uvula, and there was great prostration with desire to lie down. I prescribed *Apis*³⁰, dose every two hours, after three doses, then every three hours.

Jan. 2 there was less fever and slight improvement, with the exception of the membrane which was extended, covering right side of throat and posterior wall of pharynx. The general inflammation of mucous membrane had not increased; quite an enlarged condition of submaxillary showed itself, but as fever was less, the debility was less, and I thought a general improvement of patient (notwithstanding the extension of the exudate) I concluded to continue the *Apis*.

Jan. 3.—General condition improved. Slight increase in swelling of submaxillary gland, but the exudate looked more spongy, and some of the older portion on the right side began to show signs of loosening around edges. *Apis* continued.

Jan. 4.—Right side of throat improved, posterior was about the same. She had a more restless night, crying out in sleep, awakened in a confused and irritable mood with weakness, not hoarseness of voice; the irritability continued during the day, and I gave three doses of *Lachesis*²⁰⁰.

Jan. 5.—A better night was reported; more quiet and continuous sleep, but she was awakened with a severely croupous cough, which improved and almost disappeared after being awake a short time; the irritability continued, there was a loss of voice, she could only speak in a whisper. I repeated the *Lachesis*.

Jan. 6.—She passed a poor night; cough decidedly croupy after 11:00 p. m.; breathing sawing, whistling; face red and hot;

suffocating cough with gasping, impeded respiration; hoarse, sawing breathing; cough more severe and a longer paroxysms. She being of the thin, white skin, blue eyes and very light hair. I gave her *Bromine*³⁰, every two or three hours.

Jan. 7.—A better night, and appeared better; coughed less, cough more loose, less hoarse, and breathing less obstructed. She continued to receive *Bromine*, and on Jan 10th the case was discharged as cured.

In the evening of Jan. 11th I was called to see her again, and found her with high temperature, sharp pain in right side of chest, cough with nasty expectoration, etc. This developed into an interesting case of pneumonia. She improved under proper treatment and was discharged Jan. 20.

MULTIPLE NEURITIS.—A CASE.

EMMA D. WILCOX, M. D., NEW YORK.

My patient was a brunette of impulsive, nervous temperament, about 28 years of age, and a journalist.

For the previous seven years, her history had been one break down in health after another. Her first, cerebro-spinal meningitis, had covered a period of nine months before she was pronounced by her physician, (old school,) convalescent.

From that time on, she found continuous exertion of any kind impossible, due mainly to spinal sensitiveness and pain.

Three years ago, she consulted a physician, (also old school,) who advised her to try static electricity for her back. She did so; but each application increased the pain and heightened the nervous tension of her system to such an extent as to throw her into hysterics. After ten or twelve applications she discontinued, and tried by quiet and care, to recover control of her nerves.

Shortly after, (just how long after I could not determine,) an attack of neuritis of the right arm occurred. Her physician bandaged the arm tightly to her chest. This so increased the pain that she became nervous and excited; sleeplessness and the old attacks of hysteria returned. In one of these, she tore off the bandage, and refused further treatment. From this time on, she was unable to raise her hand to her head, or give it but a limited motion, and at times she would lose all power over it for days.

During this period she was doing reportorial work, calling her

forth at any hour and in any weather, and keeping her under a constant strain of mental excitement. Her meals and sleep were both irregular.

The last week of June, 1895, was an extremely wet one. Friday of that week, she went to the country. The room she occupied was found to be so damp that she felt the chill even in the bed clothes. She awoke with severe neuralgia of the head, which increased steadily until, unable to endure it longer, she returned home.

Tuesday, July 2, I was called, although much against her wish; as I afterwards learned she had no faith in Homœopathy. I found her sitting in a steamer chair, as she said she could not lie down. Her right leg flexed at both joints; knee and ankle hot, red and swollen, and a well-marked red line running the length of the tibia. Extension to the slightest degree brought on intense pain. As subjective symptoms, she reported that she had first felt a burning sensation, then jumping and twitching of the nerves with sudden, quick flexion of the muscles of the ankle and inner side of the knee. Redness and swelling of the two joints quickly followed. Loss of motor control seemed to come with the first subjective symptom. She could not bear the slightest touch; even the movement of the hand toward the affected part, causing a current of air, was painful. Heat was intolerable; the ice-bag momentary relief. A feeling of constriction was very marked. The following day the disease had attacked the left leg with very little diminution in the right. From then on it spread to the arms, back, chest and face respectively, focalizing the intensity of pain in each newly attacked part for a day or two. As each new attack occurred, I could easily trace the inflammation along the course of the superficial nerves. Tendon reflexes were lost from the start; respiration became short and labored; appetite fickle, temperature normal during the day, but nurse reported rise of two degrees at night during the first week. Almost complete insomnia resulted, for when she did doze, she would suddenly start with a cry from a spasmodic jerk to some nerve. Loss of sleep and intensity of pain caused a return of hysteria, one crisis after another occurring.

In studying the case for treatment, I was somewhat unsuccessful, thus trying several remedies before I found *Lachesis* as nearest the similimum. This gave benefit, but it seemed as

as though she had the power of throwing off the effects of the remedy, for as soon as she felt any relief, a hysterical crisis would destroy rest and sleep. She had made up her mind that she could not feel better unless she was put to sleep, and she begged for morphine, declaring that she could not sleep without it, and she would not sleep.

I soon realized that such a condition must be conquered before I could control her at all. I tried *Cocculus* and two or three other drugs seemingly indicated for the hysterical condition without success; and finally decided to resort to hypnotism, which I had learned but disliked using unless necessary.

On the morning of the twelfth day, I sat down at the side of the bed facing her and told her to look me squarely in the eyes as I wished to put her asleep. She did so. Letting my fingers pass lightly back and forth across her forehead, I held her eyes by mine until I saw them take on a fixed look and the lids began to droop, then said slowly and firmly, "close your eyes. Now you cannot open them. You are asleep." And she was. I then gave her the suggestion that she sleep until 10:00 o'clock; that she awake feeling quiet and drowsy; that the rest of the day and night she sleep most of the time.

From then on her sleep was comparatively easy and natural, and although she was still aggravated after sleep, she did not awake with the fright. Under the influence of *Lachesis*^{cm} she rapidly recovered. No sign of hysteria showed afterward. In four weeks from the outset, she took her first walk from the bed to the chair.

She regained health and strength fast, and before the first of October, she had returned to her writing.

She tells me that she feels better than for the past ten years, and that the old stiffness and sensitiveness of the right arm have entirely disappeared.

THE RELATION OF MICROBES TO DISEASE.

J. HALL, M. D., VICTORIA, B. C.

Much has been said and more written on this subject, until it has become very prominent in medical journals, indeed, so much so that one is not far from the truth in terming it the great question of our day.

The following extract from the "*London Public Opinion*,"

from the "*Weekly Times and Echo*," entitled: "*No More Death*," will lead the way to this assertion:

"Chicago has been startled this week, (April 12,) according to *Dalziel's News Agency*, by the announcement that Dr. Wheeler of that city had discovered the "microbe of death," which he claims can be destroyed by the expert. This microbe of death, it is asserted, resembles the bacillus of consumption, and experiments have demonstrated that once destroyed in the animal system no known disease can obtain any hold thereon, and nothing but actual violence can put an end to anyone's existence."

The above quotation will show how this doctrine has permeated the medical mind and to what length it leads, but of which the public is sorely ignorant, not troubling themselves with much thought thereon, believing that the doctor whose business it is to study and know such abstruse statements, will certainly show their truth or falsity, and are generally trusted—though their opinions change so often that we might well doubt them. Offering, however, nothing from that old book telling us how death came into the world, and how it can be put away, but pursuing a strictly scientific inquiry, well, to proceed with our investigation not leaning on any collateral evidence, though it is ever well to bear in mind "in *Whom* are hid all the treasures of wisdom and knowledge," and that the foolishness of God is wiser than men.

The writer has for a long time believed that microbes—whatever form they may assume, and no one can deny their multiplicity or variety—are never the *cause* of disease so frequently stated, but the *effect*.

The following paper is merely to draw the attention of our men to this subject, in hopes that a wiser and more dispassionate view may prevail—I mean a more rapid and energetic one in perilous cases, which the prevalent ideas foster and make tardy, and diphtheria, for example: one of the most virulent and rapidly fatal known. Such a case coming before a medical man is carefully examined and frequently doubted, the physician not feeling sure of his diagnosis until he has taken a part of the diseased membrane home to be examined under a microscope, learning if there be any diphtheritic microbes—his diagnosis depending on them; but, while this operation to the novice may be necessary, it frequently demands *much* time, which is in-

creased if he live at a distance, thereby often placing the patient in an almost hopeless condition by this delay in administering. I mean that *only*—avoiding all local applications, spray, etc., for having treated thousands successfully and rapidly, rarely losing a one, I may speak of our treatment with confidence and *deep abhorrence* of the anti-toxine method, which the Homœopathic profession are better without—providing they are *true* to our cause.

But perhaps I have somewhat digressed, my object being to show that microbes, bacilli or pediculi, are merely the outcome of the disease, and not the operative cause, in sustaining which, I will merely give two cases that may help to elucidate this vexed question.

The first was a girl of some seven years of age. Her mother brought her to me, showing an eruption over the whole scalp. Dry itching, worse by scratching, dark hair, otherwise in good health. This she had borne for several years, having had all kinds of advice and treatment, but nothing had so far cured it. I gave her a favorable prognosis but forgot the prescription. In three weeks her mother came with her again, she having a heavy wrapper round her head. The woman added: "Doctor, I wish you would see her *now*," and taking off the covering I beheld the scalp covered with a thick crust, which being partly raised revealed hundreds of lice, (*pediculis capitis*), running and scampering in every direction. Of course, both disgust and shocks followed, which the mother observing, remarked that she could soon kill them, making the scalp tolerably clean as she had done for a long time, adding that she was tired of so proceeding as the pediculi always came again. I learned that the mother was somewhat similarly affected in childhood—the father dead. I prescribed again and again, and after a few months she was perfectly cured. Seeing her mother some years after—she having moved away to Montreal—I enquired after her daughter. "Oh!" she replied, "Alice has been perfectly well since, and is now married."

My next was a lady in the upper walks of life. Dark hair, rather stout, mother of several children, and cleanly beyond measure both in washing and baths. She appeared in health, coming to me as a final resort, having a sad disease of the skin, (*pediculis corporis*), many years, for which she used by advice all sorts of salves and washes, but, while they all gave relief, the

vermin would reappear, giving her untold trouble and itching. Her prescription was *Lycopodium* from 10 M. to C. M. very rarely repeated, and so far as I can remember she was cured in a few months. This lady I have known during many years since, but she has had no return of the malady.

Neither of these cases can be called the effect of microbes, even by those who believe in that doctrine. What we want to know is, whether the infinitesimal microbes, or the more tangible and apparent pediculi in either case, large or small origin not essential, can be the *beginning* of disease, or is that of such a subtle nature as to elude the ken of our most acute senses—apparent only by its effect.

Let us for a moment consider that of scarletina. Now, it is well known—or *ought to be*—that this malady may be absent from a city for a long time, when, *all at once*, it breaks out in several places far removed from each other, and among whom there never has been, nor could have been, any connection—are we to put all this down to the contagion of *one case*? Such a conclusion would be absurd. Surely the microbes, if this cause is admitted, must have traveled swiftly to affect so many in distant fields at nearly the same time, and, though contagion cannot be disputed, it has no influence in determining this question. The cause of this distemper may be *imponderable*, requiring such agents for its cure, but if we believe in a material origin, no one can blame us for using such means for its eradication—though if the former (as the writer believes), nothing but the highest potencies of our art can successfully meet such conditions.

Much more might be said, but this is enough to draw out the thought of our men.

THE ORIGIN OF REFLEX NERVOUS SYMPTOMS.

F. J. BECKER, M. D., POSTVILLE, IA.

Nothing can be more perplexing to the physician than an array of, to him, meaningless symptoms.

In Gould's Dictionary of Medicine, a symptom is given as "that change or phase which occurs synchronously with a disease and serves to point out its nature and location: from this definition we would be led to infer that, if we have a certain symptom or group of symptoms, there can be little doubt as to the nature and location of the pathological condition producing them, and this is the case when speaking of direct symptoms;

but when considering reflex symptoms the nature and location of the pathological condition is not always clearly pointed out.

Reflex nervous symptoms are due to an intense or long lasting irritation or impression upon some nerve center, and may be manifest either as motor, sensory or functional phenomena, and from their nature make it difficult for the physician to ascertain the character and location of the lesion upon which they depend. If the irritation or impression were at the origin or along the course of a motor or sensory nerve the symptoms would first be referred to its peripheral distribution, but having failed to locate the lesion at either of these points, we must push our investigation beyond the domain of the nerve or set of nerves in which the symptoms are manifested.

It is only after careful consideration of the intimate relation existing between the Cerebro-spinal and Sympathetic nervous systems that we can understand the influence which they exert over each other.

Let us here briefly consider the anatomical plan of the sympathetic. Extending along each side of the spinal column from the base of the brain to the coccyx, we find segmented ganglia upon the posterior root of each spinal nerve, also vertebral ganglia situated along the sides of the vertebræ and connected with the spinal ganglia by two strands of nerve; still further toward the viscera are situated what are known as the collateral plexuses, the *Cardiac*, *Solar* and *Pelvic*, and still farther on, lying within the walls of the viscera themselves what have been called automatic visceral ganglia; these are all connected by an intricate network of communicants likewise with all the cranial nerves, uniting with the fourth and sixth in the *cavernous sinus*, with the olfactory and auditory at their ultimate expansion, as well as being in close connection with all the others through its cranial ganglia, forming thus the great blending and binding pathway and influence. In the light of this intimate blending of the two great nervous systems, their influence one upon the other would not seem phenomenal but rather almost an anatomical and physiological necessity.

Since the normal pathways of sympathy are so numerous, and when in connection with this we consider the influence that any part of either nervous system has over other parts of the same system, it is easy to understand how numerous the causes of reflex disturbances of motion, sensation or function may be.

We have already stated that reflex nervous symptoms are due to an intense or long lasting irritation or impression upon some nerve center. A nerve center being a group of ganglion cells acting together in the performance of some function. We find upon investigation of the two great nervous systems, that there are four great nerve centers, which, with their connecting ganglia control the organs of the body and their functions, and receive impressions from them, namely:

First: The brain, controlling all voluntary motion and receiving impressions from all the sensory nerves and nerves of special sensation, or in short, controlling motion and sensation.

Second: The Cardiac plexus, with its influence over the heart and blood-vessels controlling circulation.

Third: The Solar plexus, supplying all the organs of the abdomen and the ovaries or testicles, influencing their motion, secretions and excretions, controls digestion and elimination.

Fourth: The Pelvic plexus, supplying all the pelvic viscera and the penis, controls reproduction.

As all of these organs are so intimately associated together through the nerve centers controlling them, it naturally follows that reflex symptoms may be traced to an irritation or interference in the functional action of any one of them.

Some Extremists or Specialists go so far as to convey to us the idea that all reflex symptoms originate from the organ or organs that they have made a special study of, thus the Gynecologist looks upon the female generative organs as the origin of all evil, the Rectal specialist has an idea that a spasmodic sphincter, rectal pockets or irritable papillæ are ever present, the Oculist looks upon eye strain as the great nerve irritant, while the poor stomach of man is obliged to bear its burden of indigestion in solitude and melancholy. In looking over the literature of the day upon this subject we find reports of any number of cases of reflex symptoms having been cured or benefitted by dilation of the sphincter recti, operation for lacerated cervix or some similar "fashionable operation." I even found the assertion of one devotee of rectal surgery who claimed to cure or benefit all chronic disease by dilating the rectum. I can easily see how this may be true. We all know that a severe counter irritant will relieve almost any form of pain, just so an intense irritation, in the form of excessive dilation of the rectum, would, through its sympathetic nerve supply, act as a counter irritant in some

other part of the body. This, therefore, would not justify us in locating the irritation or pathological condition in the rectum. The same may be said of a lacerated cervix. We all know that many a woman has a laceration which has no irritating effect upon her nervous system; and because we find a laceration present, that alone is not sufficient evidence to warrant our jumping at the conclusion that it is the cause of any symptoms that may be present. There being a certain amount of truth in all error, we cannot discard all that has been gained in scientific advancement and actual knowledge along the line of the various special departments of medicine, but must sift the wheat from the chaff and retain that which is good, but for fear of becoming extremists we should always make a careful and systematic investigation into the functions of all the organs of the body until we are positive that we have located the pathological condition. In following this plan we will find that the circulation, digestion, secretions and excretions of the body have as great or greater influence over the nervous system as any other organs, and we cannot successfully treat reflex nervous symptoms without giving them due consideration, improper nutrition may be the prime cause of delayed or imperfect laceration; and surely an abnormal condition of the rectum, in the majority of cases, is due to sluggish digestion and resulting constipation. This leads us to the conclusion that reflex symptoms most frequently result from functional disturbances in the organs affecting the general nutrition of the system, and by keeping this fact in view, the proper application of the homœopathic remedy as taught by Hahnemann and Hering will remove the pathological condition and the reflex symptoms resulting from it, thereby saving the patient the embarrassment of a delicate and often useless operation.

Surgery.

A SUCCESSFUL CÆSAREAN SECTION.

HUBERT STRATEN, M. D.,

Prof. Embryology and Junior Obstetrics, Dunham Medical College, Chicago.

Oct. 27, 1895, Mrs. C. H., native, aet. 23, primipera, called at my office to engage me for her confinement, the expected time of which was set about the end of November. The patient being recommended to me by my colleague, Dr. F. H. Lockwood, Prof. of Nervous Diseases at Dunham Medical College; the engagement was made, though so late in the term. I was informed that the patient "had felt better than ever" since about the third month of her pregnancy, the time Prof. Lockwood became her attending physician. He was called to prescribe for morning sickness; but inquiring into the history of the patient it was learned that she for years was subject to epileptic convulsions, nymphomania and masturbation. Further that she had always been very nervous and terribly quick tempered. Self-will superseded all her other qualities. Her appearance indicated pulmonary tuberculosis, which thought was strengthened by the presence of a troublesome hawking, and at times a deep, hollow cough, with the typical yellowish-white expectoration. Besides curing the "morning sickness" in a short time, Prof. Lockwood succeeded in decreasing the formerly daily occurring epileptic attacks and finally, in two months, effected a complete and permanent cure.

Dec. 6, 10:00 p. m., I answered a call to Mrs. H., and found her having slight labor-pains. Examination revealed a very small and contracted pelvis and the fœtal position vertex O. L. A. Pains continued normally. Owing to the condition of the pelvis, difficulties were now anticipated. The latter we hoped to escape by reason of the belief that there was multiple pregnancy and a consequent possible expulsion of one small fœtus at a time. The abdomen was very large and toward the right hypochondrium a well defined rounded body was felt, which was taken to be the head of a second fœtus. Here we were disappointed.

As labor advanced the soft parts became very rigid, and

toward morning only one finger could be inserted. Natural labor was impossible. The question arose as to which obstetrical operation should be performed in order to save both mother and child. The murderous operation—Craniotomy, could not be considered. Symphyseotomy was excluded because of uncertain results, and so Cæsarean section was decided upon. Assistants were summoned and Profs. T. H. Lockwood, Howard Crutcher, C. E. Sayre and Dr. Evert E. Tracy, responded and kindly assisted me in the life-saving operation. At one o'clock preparations were completed and the patient was rendered aseptic.

The steps of the operation were as follows:

A nine-inch free incision (the grove director being dispensed with) extending from about three inches above the umbilicus to about three inches above the symphysis pubis along the linea alba was made, exposing the uterus, which was lifted out of the abdominal cavity and protected and stimulated by towels wrung out of hot water. Then an aseptic rubber sheet about one yard square with a small hole in the center was stretched over the uterus covering the abdominal parietes and thus guarded against the escape of fluids into the peritoneal cavity. Now a rubber stomach tube was placed around the uterine neck ready to be drawn tight at the proper time to prevent hemorrhage.

Upon incising the uterine wall at the fundus, a cyst, the supposed head of the other foetus, came to view, which cyst was punctured and about $1\frac{1}{2}$ pints of yellowish and offensive fluid was drained off.

This done, the foetus presented and was grasped by the breech and thus delivered.

The ligature around the uterine neck was now tightened and the placenta to which the cyst sac was adherent, hurriedly removed.

We now proceeded to suture the very rapidly contracting uterus. Seven interrupted chromic cat-gut sutures were passed through the peritoneal and muscular coats and the organ now the size of a large pear, returned to its natural position.

As none of the fluids had entered the abdominal cavity it was not considered advisable to wash it out nor was drainage thought necessary.

The abdomen was now closed in the following manner: The peritoneum was first closed by a continuous cat-gut suture, then eleven silk-worm-gut sutures were passed through the tissues ex-

ternal to the peritoneum and their ends secured by hæmostatic forceps. The abdominal muscles were brought together by a continuous cat-gut suture, as also was the integument. The silk-worm-gut sutures were now tied and we felt confident that no ventral hernia would follow, and indeed it has not. The wound healed perfectly, leaving a $4\frac{1}{4}$ -inch cicatrix.

The hemorrhage did not exceed that of a normal labor.

A strip of sterilized gauze was inserted into the uterine cavity to encourage drainage. Another strip was placed in the posterior cul de sac, allowing both strips to protrude from the vagina.

An enema of one-half pint of coffee and brandy was given and the patient placed in bed with the indispensable hot water bags at her feet and turned over to the nurse.

The actual time of the operation, (opening and closing of abdomen) was twenty minutes.

The patient bore the anæsthetic (chloroform) well. No nausea followed here as in other cases where it was tried, due to the inhalation of vinegar applied by placing saturated napkin over the mouth.

Staphysagria was administered and no shock followed. *Arnica* was given next, which relieved the soreness very promptly.

The temperature did not go above 100 during the first two days after the operation. The third day a rise to 102, due to the arrest of the lochial discharge was noticed. *China off.* was given with almost immediate results; temperature returned to normal and remained so.

On the following day the above described old cough returned, and we feared it would become detrimental to the healing of the wound. *Bryonia* was given followed by only temporary relief. *Tuberculinum* was then found to be more the similitum, and given with lasting results.

Today as the result of our work we have a flourishing baby, a healthy mother able to do her housework, and also a happy *pater familias*.

MODERN SURGERY.

MAYBELLE M. PARK, M. D., H. M., WAUKESHA, WIS.

Read before the Woman's Club, Waukesha, Jan. 16, 1896.

The great modern advancement of surgery began with the discovery of bacteria, those minute microscopical organism that

have come to be the terror and pest of mankind; they are small, not a substance the physical eye can see and the modern mind grasp; they swarm about us in inconceivable numbers; our clear spring water may be filled with them; the straps of the street cars are covered with a conglomerate mass of bacteria collected from the various soiled hands by which they have been grasped; the light, white bread we eat is but a result of the quickly multiplying power and activity of the lower life forms; the sweet, rosy lips of the child are covered with unknown numbers and varieties of bacteria; our own mouths, with the heat and moisture, are but culture beds of this recent discovery.

Students are now beginning to individualize and classify—one special bug is set aside and labelled as always present and causing a certain kind of disease, that disease never existing except when that species of germ is present. Is it not possible that in the rush and hurry after scientific glory, scientists have been carried beyond limits of facts and truth?

If in working on a body directly after death the operator but slightly pricks his finger, death quickly ensues or he lives an invalided life, while if the same accident happened when decomposition had progressed, the injury would have resulted in a slight pustule giving no alarming symptoms. In the first instance the body was free from bacteria, decomposition not having set in. In the second case the whole body was filled with bacteria turning the tissues into harmless inorganic substances. We often hear of people being poisoned by ice cream when the beginning change to the sour state could not be detected by taste and scarcely any germs were to be found by microscopical examination. After the lactic acid bacilli had multiplied and the cream was decidedly sour it was perfectly harmless. Bacteria will be found to be the benefactor not the terror of the human race, turning noxious, toxic substances into inert forms which can be taken up by the plants and in that form again used by animals.

In chronic diseases, it is shown that the disease is fixed long before the bacteria appears at the site affected. In consumption and tuberculosis of the joints the patient is ailing and suffering for years before suppuration begins. Bacteria are found in such quantities in discharges because they furnish a favorable soil for their growth, while a healthy body does not give this soil. In the early stage of coryza the discharge is thin and watery containing but few germs, later the discharge is green,

yellow, etc., it is then filled with micrococci, which live on the abnormal discharges, and may tend to destroy the infectious properties contained therein.

Some of the most virulent forms of bacteria are present in the mouths of healthy individuals.

Dr. Robert S. Adams, resident physician of the New York Foundling hospital, has made extensive studies of the Klebs-Loeffer bacillus, which is thought to cause Diphtheria. He says nearly one in seven healthy people have this bacillus in their mouths; now as only one in five hundred have the disease while it is present in one in seven we must conclude that the discovery of bacteria does not prove the great cause of all man's ills.

It is claimed that disease is caused by the toxic effect of bacterial products, the few germs inoculated multiply rapidly and at the same time give off effete material deleterious to the human body. If we remove all germs from a discharge by filtration, dilute it many times, it will still cause a disease, why is this? There are now no germs left to multiply, the small amount of toxic matter would not be sufficient to overwhelm the body with its virulent power.

Now that theory has gone to such an extreme, filling our very bread with malignant germs, the pendulum is swinging on its backward course, many are beginning to see that the microbe is not as black as he is painted. Sir J. Russell Reynolds, president of the Royal College of Physicians and the British Medical, in an address said: "The most important fact in regard to recent microbiological research is the gradually increasing appreciation of the fact that these lower forms of life exert, not necessarily mischievous, but, indeed, benignant influences on the human body, and that although the mode of their operation is not fully explained, they take part in healthy processes, assisting normal functions, nay, indeed, it would seem sometimes producing them and warding off the malign effects of other influences to which we are habitually exposed."

In earliest times serious surgical operations were undertaken with success. Surgeons of today are too apt to wrongly claim as original, operations performed by the ancient Hindoos. An example of pre-historic trephining may be seen in a skull from Peru at the Museum of Natural History in New York.

No organ is too delicate nor too internal that the surgeon will not explore it with his knife. The modern surgeon gets rid of

every microbe upon the surface of the part by washing and shaving; every instrument, sponge, and suture is saturated with antiseptics; the room is germ proof; towels and bandages are made sterile. He loses sight of the aim of his art, forgets that "the sole duty" of the physician "is to restore health to the sick speedily, gently and permanently." He forgets his patient in the pursuit of a false science, thinking only of the bacteria and the skillful operation. In the operating room the common expressions are "a beautiful operation," "it took only twenty-one minutes," no time is given to consider on seeing the organ if it needs removing, the surgeon has determined to add another ovariectomy, enterectomy, oophorectomy, salpingotomy, nephrectomy or spleenectomy to his lists of operations, he is working on time and the slight consideration of the patient does not concern him.

There is pain along the course of a nerve, it is cut down upon, the nerve stretched equal to the weight of the limb if in the extremity, or a piece is excised leaving the two ends which may or may not fill in the gap and grow together. If veins enlarge in their course they are tied forcing the blood into smaller channels. A tumor is removed, it returns to be again cut out until it locates in some vital organ or the patient dies. Abdominal tumors are extirpated, spleen, kidney, parts of intestine removed. The brain is no longer an unexplored Olympus, its bony case yields to the prying eye and dextrous hand. Sections are cut from the skulls of idiots to allow their brains to expand, the surgeon having the idea that the thick bones prevent the growth of the brain; does not that skull and that brain belong to the same child? Were they not made by the same ruling force? How can they be dependant one upon the other for their development?

Even the pelvic organs are not held sacred in their ruthless march for glory and new operations. The uterus is scraped and cut and torn. Years ago there was a craze that every headache, backache and discharge was caused by poor drainage from the uterus, so it was split open. Soon the reaction came, every symptom and all suffering was just as certainly caused by too large opening from the uterus, so every lacerated cervix had to be trimmed over and repaired. If there is a roughness in the lining membrane it is scraped and torn away as if that delicate mucous membrane could be the cause of its own abnormality and if scraped rudely away it had the instinct to reproduce a normal

smooth surface membrane again. In the early weeks of pregnancy there is often irritation of the uterus, the woman is apt to consult a gynæcologist, instruments and irritating applications are introduced into the organ, in this way unknown numbers of lives are lost. "Why maltreat so useful an organ?" Why tear and cut that delicate sensitive structure in which the first breath of life is so carefully nourished?

During the last few years the mania has been to remove the ovaries by which a woman is made incapable of fulfilling the noblest place God has given to her—the position of motherhood. To give birth to children is a most essential and most sacred function, but women are being taught to abhor it as did the ancient Romans, in their decadence, who produced abortions rather than have the beautiful forms of their models destroyed. Dr. Kent has said: "it is destroying the nature of earth, turning away from everything that is righteous, it strikes at everything that is noble, at the very root of heaven."

So one year, we hear of this operation that is a cure for all ills, next year it will be some other operation. Nothing stable, no fundamental law. Surgeons are blinded by the fact of constant *change*, calling that *advancement*. The operation next year is as likely to be the revival of one discarded centuries ago as to be the recent invention of some more venturesome surgeon. Their own excesses are proving their ruin. Nearly a century ago Hahnemann demonstrated that the body was ruled by a spirit-like vital force, not perceptible to the eye. It is this which makes the difference between the living and the dead body. When a body dies we can see no change, no reason why it should not move, our material eyes see nothing escape; the vital force cannot be detected by the microscope, it evades the chemist. It is perceptible to us through what is called an aura; animals have this aura, some people know as soon as a cat comes into a room, without seeing or hearing it, they know the cat is there, they say they "feel it," they perceive it by means of their aura or vital force. Some people are so sensitive they cannot remain near a person to whom there is an undefinable aversion. Every substance manifests this vital force, simple substance, radiate matter, luminous effluvia, oligodynamic substance, whatever it may be called. A servant of Rauchenback could never dust certain crystals as they caused her to faint; around other specimens she saw flames. A grain of musk has scented a

room for seventeen years yet retained its weight during that time. It is the dog's instinct, analagous to man's perception, that detects the aura not the smell of his prey.

Forty years ago, Baron von Reichenbach, an Austrian chemist, discovered a phosphorescent-like emanation from animals and plants not perceptible to others. Lately de Rochas, of Paris, has been experimenting along the same line, it being brought out more clearly by hypnotized subjects. Henry Gaulleir in the December *Arena*, commenting on de Rochas, comes to this significant conclusion: "medical science, consequently, will have to take due notice of such facts and they will modify to a great extent the exclusive theory of propagation of disease by microbes. * * That the common scientific theory based on our present knowledge of matter by which we have tried to explain man's nature is absurd. They show how little our modern physiology and our present materialistic schooling understand the problem of human existence."

"During health the organism is animated by a spirit-like force which maintains the harmony of all the functions." Disease is the derangement of the vital force. The functions are then not normally performed so the derangement is shown externally by symptoms. We can now see how disease cannot show itself in one organ without affecting the rest of the body. In a great water system if the pressure is increased in the main it soon affects all the pipes; if the pressure is lowered it reduces the force throughout the system. So it is in disease, it is not a hand that is diseased, it is the vital force that is deranged and this derangement is shown in the hand. At first this seems to be the same thing but we understand the difference when we see that cutting off the hand cannot remove the disease. The disordered vital force well drawn from that part of the body shows itself in the derangement of some other organ.

This derangement of the vital force cannot be caused by material things "since the least foreign material substance however mild it may appear to us, if introduced into our blood-vessels, is suddenly expelled, like a poison, by the vital force, or where that is impossible, death is the result." Still we see *diseases* remaining in the system for years without being thrown off. The cause of disease is as immaterial as the vital force itself, deranging its governing power of the body. How often has the prediction of death caused a fatal termination at the

stated hour. A letter from a sick friend across the ocean will give small-pox. "How much in weight of material matter could have been absorbed in this manner by the juices, in order to produce a disease rapidly fatal by its tendency to general suppuration—small-pox?" Disease is not a material thing that can be picked up by the handful from any rubbish heap or cleansed from an ulcer, it is a *state*, a condition of the ruling force. If the balance wheel is out of order it is cleaned and oiled so it will do good work; so it should be with the vital force, these deranging causes should be removed, counteracted, so the normal state can again be maintained. A solution, free from germs, free from disease-causing power so far as can be discovered by microscopical or chemical tests, will cause a disease in a healthy person; the disease aura remains, it had not been removed when the bacteria were taken out. This disease-cause can be destroyed by heat and many chemical substances. Scientists watchful only for visible objects think that the bacteria being destroyed it was these micro-organisms which caused the derangement of the vital force.

We can now look back and understand why surgical operations do not give permanent relief. For a few months or years the patient rejoices in freedom from pain and suffering, but sooner or later those pains return to the location of the removed organ or to some other weakened part of the body. If but one ovary was removed the other must soon follow. Surgeons have few failures on their records for the suffering patient goes to some other physician for relief. The result is more plainly seen in cancer cases for the disease usually manifests itself in the same form. If it is removed in one place, it develops in some other part, while in other less malignant diseases if one organ is removed the vital force manifests its derangement simply in the disordered function of some other organ. A skin manifestation may be suppressed by application of ointments, then the child's stomach will become deranged. The skin disease was not *cured* it was only driven in upon the vital force which was compelled to manifest itself in a more vital organ appealing in vain to the blind intelligence of the physician to free it from bondage.

Until the time of Hahnemann the schools of medicine recognized no law governing their practice and to this day the majority of physicians go on in this blind empirical manner applying every new drug that is lauded by doctor or quack, in a blind

stumbling way. Andrew Clark declares: "There are no fixed principles for the treatment of disease; medicine is the most unprincipled of sciences." This is the fault of men's not understanding the laws God has revealed for the cure of the sick. If one part of the body shows symptoms they give drugs to draw them to some other part, making the patient weaker and weaker in the vain attempt to coax some imaginary material disease away. Diseases may be suppressed and made to lie dormant for years by drugs or removal of organs, but in time it breaks out in fiercer ravage and pillage than ever before for in this dormant state it has been undermining the vital economy making it less resistant at the new outbreak. It is much safer to allow an external manifestation to go on indefinitely rather than have it suppressed and driven more internally.

Homœopathy has made both these alternatives unnecessary as well as the thousands of surgical operations that are being daily performed; it has banished the lancet, blisters, moxas, setons, with the grand war-cry, *Similia Similibus Curantur*. We see the law of similars operating through all nature. It has been established beyond doubt that like cures like. When Allopaths make *cures* (not suppressions) it is because they unwittingly give a remedy that would have caused a similar disease if given to a healthy person. In physics, the negative and positive currents attract, that is, a dissimilar remedy will only increase the disorder of the vital force. Like currents repel. A like remedy will repel the disease-cause and restore order in the economy.

Instead of the large crude drug doses the Homœopathic remedies are adjusted to meet the governing simple substance, setting it in order and so gradually driving the disturbing cause from within outward. It is most interesting to watch this in the clinics of the Post-Graduate School of Homœopaths. The patient coming from week to week feeling stronger and better each time, never having to be weakened and pulled down by purges, drastics, emetics or trying surgical operations. This was not accomplished by giving each patient the same remedy or by giving a prescription of a number of drugs the effect of which the physician had no reliable proof. Each patient was carefully individualized. Suppose A and B both had ulcers on the back of the hand. The sores were bathed and dressed with clean bandages but no drugs applied; they were not burned out with chemicals, scraped and irritated, they could not heal themselves,

they were a part of a sick body. A was cross, crabbed, selfish, hovered over the stove, could not get warm, while B wanted to be out of doors, was mild, cheerful disposition; they could not both be cured by the same remedy. As individuals differ in appearance, manners, habits, so it is they call for different remedies to set their different vital forces in order no matter under what name the disease manifestation may be classified. Two patients may have "Diphtheria." One sore throat began on the left side, going to the right, was very much worse in the morning or on waking from a nap, could not bear anything tight around the throat, choked on trying to drink anything hot, wanted to breathe fresh, cool air; the other sore throat began on the right and went to the left, was worse from 4 to 8 in the evening, aggravated by cold drinks, wanted to be kept warm. These throats were not swabbed with per-oxide of hydrogen and carbolic acid, the membrane torn off and the patient filled with corrosive sublimate, quinine and whiskey. *Lachesis* was the remedy for the first case, while only *Lycopodium* would cure the second. After child-birth a piece of the placenta or "after-birth" may remain in the uterus giving rise to hemorrhage; the surgeon etherizes the patient and scrapes out the uterus, stretching the organ and causing much more bleeding; the true physician who cures "speedily, gently and permanently," takes all the symptoms, gives the indicated remedy, and within twenty-four hours the uterus has emptied *itself* and the patient not weakened by ether or surgery; but the vital force has been aroused and a normal action of the uterus goes and no more blood is lost.

For a brief hour the hazardous operations redound to the honor and reputation of the surgeon at the expense of untold future suffering of the patient. Except in mechanical injuries, surgical operations need be resorted to only as a last hope; and among physicians trained under Hahnemannian teaching it is rarely found necessary to operate. After being among physicians one must agree with Hempel: "New truths are never received with willing hearts when first announced to the world. Reforms and discoveries have had to struggle against the power of prejudices and established interest; why should a great and vital truth like Homœopathy, which, when viewed in the light of reason, is seen to penetrate to the very foundation of science and social interest, be exempt from the obligation of struggling for the right to grow in a soil that seems much more adapted to rankling weeds than to the bright and glorifying inspiration of Heaven."

THE SURGERY OF THE KIDNEY.

HOWARD CRUTCHER, M. D., CHICAGO.

Of late years, I've learned much of renal surgery. It was once a rare thing for a surgeon to invade that organ with a knife, but the wonderful march of modern surgery has not left out the modest kidney. Much that has been done in this line is legitimate and necessary, but the point we wish to make is that most renal operations are performed for the amelioration of conditions directly attributable to the repressive measures of the "physiological" school. As much might truthfully be said of many pathological conditions of the kidney which are recognized as strictly "medical" in character. Gonorrhœa is, of course, the basis of most complications of the genito-urinary tract, but gonorrhœa would not rank amongst the most fatal of maladies if its true nature were recognized and its treatment regulated according to its rational pathology. The per cent. of males afflicted with gonorrhœa is very high, and when the treatment generally given to these cases is considered, the wonder is that complications are not universal. The discharge is suppressed; the urethra is injured, then strictured; by degrees the disease, in latent form, travels toward the bladder, and into the kidneys, where it is safe to carry on pus formation without molestation from a nozzle charged with some astringent solution. When the destruction is sufficient the patient succumbs. But we believe that some cases recover of themselves when they get beyond the reach of local meddling. A majority certainly do not get well, simply because the vesical, prostatic and urethral conditions are such when the destruction reaches the kidney that recovery is out of the question.

We are quite familiar with the march of gonorrhœal infection in women. The trail is so broad that no one can mistake it. From the vagina to the cervix uteri, from the cervix uteri to the corporeal endometrium, thence to the fallopian tubes, thence to the operating table.

The trail of gonorrhœa in man from the urethra to the kidney is just as plain, although it is not so clearly recognized nor so frankly acknowledged.

The time is coming when gonorrhœa will be cured, and when that day arrives we shall hear less of renal surgery.

People's Department.

WHY I BECAME A HOMŒOPATH.—A REPLY.

JOHNSON'S CORNERS, KY., NOV. 1.

My Dear Tom:—Your highly interesting letter of the 15th came in due time and I doubt if any girl ever read a letter from her beloved with greater interest than I have read and re-read yours. I believe the reason for the strong affinity between us lies in the marked difference in our temperaments, and our manner of expressing the same. You go into the details and write as you talk, I listen to your speech or read your words and at the same time digest the same in silence. It is impossible for me to talk or write as you do, and you know me well enough not to expect such interesting letters, as I am favored with; and Tom let me tell you that your last letter has caused me to devote an immense amount of time in thinking and indirectly it may be the cause of making an entire change in my life's work—just when I thought the future was all mapped out and all I had to do was to secure the means by which the same was to be accomplished. A new factor has been brought into the equation, which so changes the problem as to compel me to begin at the very beginning and work it out upon the new lines. "There is a tide in the affairs of all men, etc.," and I feel that I am brought face to face with a condition whose newness compels me to halt and carefully consider the direction in which the next few steps are taken, for upon them may hang the destiny of a life.

I am now 22 years old, and as I look back over the past there does not seem to have been much to interfere with the preparations for my life's work. The foundations have been laid and I believe every opportunity has been faithfully improved so that come what may, I will not be seriously handicapped when the time comes for action. It is true that my preparatory work has been to a certain degree mapped out for me. I have listened to father and as a general thing his advice has been good. The only real opposition came when I wanted to go into the office with Judge Burke, and in this I yielded to father's wishes, but everything has gone wrong since that time, or rather *seemed to go*

wrong, for I am not certain that there has not been an influence at work through it all which will prove the disappointment of the past to be a blessing in disguise. It seemed hard to give up the realization of our plans this fall, but even now I am more than glad that circumstances have compelled me to postpone my college work for another year, because it will give me an opportunity for investigating this matter. If there is any truth in homœopathy I want it, and shall find the means for obtaining that knowledge. The trouble is I don't know where to go to get this knowledge and I don't know of whom I may ask for guidance. There is only one homœopathic physician in this county, and people say, that he practices everything, so I do not think he would be a safe person to go to. You have seen this doctor who treated that little girl, couldn't you go to him and tell him that you have a friend who wants to read books that will tell him about homœopathy, and ask him if he cannot give you the name of some physician who practices the same, and also the names of such books as will give him the best ideas in reference to this system of medicine? I tell you, Tom, the more I think about this, the more terribly in earnest I become; and the more determined I am to find out for myself what there is in it before I do anything more in the study of the system of medicine we have been taught to believe, contained the truth, the whole truth, and nothing but the truth.

I cannot give you very much in the line of news, because, the fact of the matter is, this thing has got such a hold upon me that I have no desire for seeing any one or talking with any one until this matter is settled. I do not want to disturb you, and I do not want to interfere with your convictions in the matter. You think this thing is a humbug and farce; you think these men are either knaves or fools; that they preach one thing and practice another, that they are hypocrites; but the fact of the matter is, I have never given them any thought, because of all of the physicians I have ever known, none were of this school, and every time I have heard the subject mentioned by physicians, they have dismissed it with a sneer, as if it were a matter of no practical interest or consequence, and for that reason I have never dreamed of investigating or having anything to do with a practice that was not considered by them scientific and worthy of their respect; but, Tom, just look at this, suppose I had gone to college this fall, with you, and circumstances had been such

that we had never come in contact with a homœopathic physician, or any one who thought anything about it, the result would have been that our natural inclination would have been strengthened in this direction and we would have gone along receiving instruction in accordance with our predispositions and consequently being strengthened in that belief without a knowledge of anything different. We would take up our work in some community where possibly there would be nothing to disturb us in our convictions and the degree of success we would have, would consequently be the equal of our associates until we would be occupying a position similar to those with whom we have been associated, and, of course, the natural inclination would become deeper and stronger with every year of practice. Another thing, almost as soon as you made your home in a city noted for its culture and refinement, there it brought to your attention something of which you knew nothing. Is it possible, that the reason homœopathy is not carried into the country is because the people living there are so shut in from the larger and fuller life of the town and are so accustomed to the regular monotonous duties of every day life that they become conservative and set in their ways and consequently do not afford so congenial an environment for the practice of homœopathy as will be found in the city, where culture and refinement predominate? This conviction is growing upon me, and before I take up my life's work it is my intention to go to some city and seek any employment that will give me the means for further study and at the same time broaden my field of vision. You know the little college we attended was content with developing and training the mind, and that they paid very little, if any attention, to the consideration of the busy world about them; but we will not discuss this. Perhaps they knew best and perhaps they felt that to get a solid foundation was all that was needed and that upon this foundation each and every man might and must build in accordance with his own natural inclinations. So be it. My inclination leads me to the highest and broadest attainments of which I am capable, and I must find that place where contact with minds broader and keener than my own, with practical, every-day experiences and in association with those who having solved the problem of their life's work will enable me to see and act with intelligence. My plans are not fully made, but I come to you with my heart's aspirations even before I go to my mother.

Now, Tom, in closing I want you to go on in your work, as you have started, lay well the foundation and I will investigate along the lines in which I have written, and will keep you thoroughly posted. You will be able to lead by the knowledge you get and I will be able to suggest to you thoughts upon subjects of which you will receive no instructions.

Wishing you health and the best improvement of your time, I am, your faithful friend, JOHN.

A PHYSICIAN'S LIFE AMONG THE NEGROES.

(Letter No. 2.)

My Dear Doctor: In my last I promised to give you a description of life among the better class of the negroes, also to describe a negro settlement just outside of Ellivnad. This village is situated on a hill, or rather three hills, about one mile from Ellivnad, and has a population of about 1500, all negroes, not a white person living there. They have three churches, five or six stores, two schools and four bar-rooms. Being within the proscribed limits, they are under the police jurisdiction of Ellivnad, and consequently have no local government. Some of them are fairly well to do, own their homes and have a small plot of land for a garden. The roads are wretched, and nearly all the time there are stagnant pools of water, covered with green slime. Of course these pools create disease. They are rarely attended to, as what is everybody's business is nobody's business, you know. Fortunately, one is not compelled to travel in the road at all times, as he may drive across vacant lots and fields.

Nearly every family raises hogs and keeps from one to a dozen dogs—fox hounds having the preference—and a passer-by usually receives a noisy greeting from the throats of several of these yelping curs. No other dog on earth can compare with the negro fox hound in its peculiar whining yelps. They are not dangerous, however, as a well-directed stone will disperse the whole yelping, howling pack.

A few of the houses put on quite a pretense to style, and are well furnished. You will find an organ and a sewing machine in many of them, even the plainer ones. All the inhabitants, old and young, work in the tobacco factories when these are in operation. During the busy season the children earn from \$2 to \$3 a week; the women from \$5 to \$8, and the men \$12 to \$15. If they would be prudent and saving there would be no need of

suffering among them, but the negro is highly improvident. When he has plenty, he is generous to a fault; when times are dull, he lives short or upon charity. He loves a good dinner, but seems contented with ash-cake and bacon if he cannot do better.

I have had some amusing experiences among them, and some that were not so amusing. When I first came to this place I had, as all new doctors have, to take anything I could get to do until I got started. Soon after my arrival, a negro child whose parents lived in this settlement, had typhoid fever. As they



were former slaves of one of the doctors in Ellivnad, he was sent for to see the child, but was sick himself, and they called in another doctor who treated the case a week and then gave it up to die. They went to their old master to know what they should do, and he advised them to send for me. As I had plenty of time to devote to the case, I managed to bring it through all right. In a short while I was busy enough, and in less than a year had nearly every family in the settlement. Work in the tobacco factories was rushing and by going after them every Saturday evening, I collected over two thousand dollars of negro money that first year.

The schools are of a very good grade and fairly well attended. In this settlement, as well as in different portions of Ellivnad, there is a class who hold themselves somewhat aloof from their less prosperous neighbors, and rank themselves as better. They usually group themselves in little communities, and build houses more pretentious than those of their neighbors. They are prudent and economical, and a few have laid by a snug little sum that in several cases will run up into the thousands. They are the better educated negroes; their children teach, or attend school regularly. They engage in avocations and trades that pay better than ordinary labor, and they occupy the leading places in church and society. They have a literary society that meets regularly every week, and that engages in debates and declamations, read essays, etc., etc. In sickness they take better care of their ills, and are more prompt in paying their bills. When a death occurs, the funeral services are conducted in a quiet, orderly manner. As the majority of them belong to a mutual aid society, they are accompanied to the grave by a long procession of friends, and the members of their society dressed in regalia and uniform. These people are fond of parade and show, and never miss an opportunity to turn out in parade or funeral procession whenever it is possible to attend.

Among the lower classes, a funeral is rather a festive occasion. The night before the burial is celebrated by a regular "wake," wherein whisky and the "wake dance" and chant are prominent features. Occasionally a first-class row develops. Pistols and razors are the favorite weapons of the negro. As a race they are naturally cowardly, and a dozen white men can put to route ten times that number of negros.

A marriage among the better classes is usually quite a swell affair, the customs and styles of their white friends being imitated as far as possible. There are very few black negroes here, nearly all having more or less white blood coursing proudly through their veins. Unchastity is doubtless their greatest sin. They do not look upon it as a deep disgrace for an unmarried girl to become a mother, especially if (as is often the case) the child is brighter than the mother. This leads me to the subject of Obstetrics among them. Living, as they do, a simpler life, taking more active exercise than their white sisters, one might naturally suppose that labor would be easier among them. This is not the case. Some of the severest cases of labor I have seen

here, have been among the negro women. Some of them have very little trouble. I was sent for one night about 12 o'clock to attend one of them in labor. She was the mother of five children. That night she cooked a wedding supper, and finished washing the dishes about 11 o'clock, went home and to bed. At 11:30 was taken with a pain, and sent for me. I reached the house about 12:00, and found child and placenta in the bed. I did what was needed and went home. The next morning I called to see how she was getting on, and found her up dressed and washing the breakfast dishes, having prepared breakfast for her family. A few weeks ago upon arriving at my office, from a country drive, about 8 o'clock p. m. I found a message to meet a physician in a case of labor. On entering the room I saw a



bright mulatto girl on the bed in convulsions, and two doctors vainly trying to apply the forceps, and a room full of negro women. I first cleared the room of superfluous humanity, and then put the woman under the influence of chloroform, applied the forceps and delivered her of a large male child. There was a partial rupture of the perineum which we immediately repaired. The convulsions immediately ceased, and the girl made an uninterrupted recovery.

Monstrosities, deformities and multiple birth are no more frequent with them than with their white sisters. They are, however, much more liable to miscarriages, and nearly every case of labor suffers intensely with after pains. Indeed, the negro is especially liable to neuralgic affections of all kinds. Living, as many of them do, in open houses or houses full of cracks; bare floors full of holes, with insufficient fire, clothes,

and many times improper food, they would under these circumstances, be liable to colds and neuralgic affections.

For every misery they have, solace is sought in the whiskey bottle and in quinine. I am sometimes called to a sick child, and in answer to my query as to what the child has taken, receive the reply, only a dose of calomel, some quinine and a dram.

I was treating a case for worms, and the child was improving, when an old colored woman came in and said she could cure that child right away. She steeped some tobacco and gave the decoction to the child, and it died before morning—poisoned by nicotine. It is one of the chief worries of a doctors' life to contend with the meddlesome old women who know more than the doctor, and have an infallible cure for every complaint.

The negro himself is gradually solving the "the negro question," solving his own destiny. He is steadily elevating himself. When we take into consideration the fact of his long years of servitude, his complete ignorance at the close of the war, that made him a *free* man, and the short while that has elapsed since that time, the strides that he has made in mental and moral progress are phenomenal. In 1865 only a very few of the more favored ones knew even their letters. Now in 1895 they have schools taught by men and women of their own race. Their pulpits are filled by college graduates. There is in every community of any size one or more regularly graduated doctors. I have met several of their colored doctors, and they will compare favorably in intelligence with their white brother. Before our medical examining board and before the pharmaceutical board the colored man has made an excellent record. They also have lawyers of their own color. In all educational branches they are showing great improvement. They have been led to believe that they owe their freedom to the republican party, and that if the democrats get into power they will all be sent back into slavery. This idea is worked up by the politician for apparent reasons. Indeed, the negro begins to realize that the white man of his community is his best friend, the one who helps him in time of trouble and want, and it will not be many years longer that the politician will be able to work this gag successfully. He begins to realize that his interests are identified with those of his white neighbor, and that which improves the condition of the white man of his community, also improves his own condition.

In time race prejudice will die out, and the negro question will solve itself. In no other country can the negro be so well cared for as here. Born and reared here, accustomed to the wants of his employers, suited to the climate, this is the place for him to work out his destiny, and he is doing it as rapidly as is possible or best for all concerned.

You ask what remedies are most frequently called for in the treatment of disease among colored people. Answering your question from my own observation, which has been quite extensive, I should say the remedies most frequently called for, are in acute diseases: *Aconite*, *Bryonia*, *Pulsatilla*. In chronic cases: *Calc. carb.*, *Silicea*, *Sulphur*. For the disease of the female sexual organs, *Sepia* will cover more cases than all other remedies combined.

I can recall some very fine cures effected by *Sepia* in all potencies. I am no stickler for any particular potency, using from the 2x to 200x. The latter is my favorite. I came here imbued with the idea that there was no virtue in any medicine above the 10x, except perhaps *Hepar* or *Silicea*. To tell you how I came to change my mind would be too long a story and of little interest. Suffice it to say that after an experience of over fifteen years I use my 200x more frequently than anything else, although I prescribe the lower potencies.

I remember the case of a child suffering with severe pain in her left side, had been suffering intensely for four or five days. I thought *Kali carb.* was the remedy, but the 3x, 6x and 30x had no effect. She had been given up to die by her friends. After careful study of her case I concluded that *Kali carb.* was the remedy, and decided to try the 200x. At 8:00 p. m. I placed a few pellets on her tongue, and in half an hour she fell asleep and slept well until 2:00 a. m., awoke, asked for a drink of water, went to sleep again and slept until 7:00 o'clock the next morning.

Another case: Mrs. A., aged 46, white, married, and the mother of four children; suffered every few months with abdominal neuralgia. The only thing that relieved her was an hypodermic injection of morphine, but this made her so sick afterwards she dreaded its use. In one of her attacks, when the doctor had exhausted his resources, except *Morphine*, she rebelled at its use, and sent for the "little pill" doctor. I went and found her suffering intensely with the pain; a typical *Belladonna* case, I gave her a dose of cc. on her tongue, and she had a light paroxysm

shortly after this, and never one since, now 8 years. Possibly a lower potency would have done as well, but I was perfectly satisfied with the results. She got only that one dose. The former doctor maintains to this day that I gave her a powerful narcotic, and that nothing else could possibly have relieved her. The lady is a firm friend to homœopathy, and has won me many cases. I could give you many cases of cures affected by the cc. when the lower potency of the same remedy failed to give relief, especially in the treatment of hemorrhoids, but forbear to trespass upon your good nature. One thing more I will mention about the negro. I have always heard that a baby with negro blood in it had a black streak down his back. Now I have examined a good many babies in all shades of color, from jet black to sandy-haired, blue-eyed ones, and I have never seen this black streak. One thing is certain though, if there is any negro blood in a baby, if a boy, the scrotum is darker than the surrounding skin, if a girl the labia are similarly marked. Explain it if you can, I cannot.

ANACARDIUM.

SURGICAL HINTS.

For bruises, when the parts are black and blue, with the patient dreading the approach of any one, give *Arnica* high.

Peroxide of Hydrogen is the Sapolio of Surgery—it simply cleanses, but cleansing and healing are not synonymous.

In washing tender granulations add a little common salt to the water. "Raw" water is irritating to sensitive surfaces.

After using the trochar in dropsy of the abdomen, give a dose of *Ledum*. It is well indicated.

The patient who indicates *Arsenic* within 24 hours after a surgical operation is in a serious condition; and if *Arsenic* fails to give relief, the case is probably hopeless. *Rhus*, *Pyrogen*, *Lachesis* and *Carbo veg.* are all lower in the scale than *Arsenic*.

Editorial.

IN SIMPLE JUSTICE.

"Will you be able to continue under the injunction now hanging over you? Any word you may see fit to write or print, I know, will be read with gratitude by your subscribers. Yours, etc."

The persistent and evidently malicious utterances of the *Medical Century* has certainly acted as a boomerang, and instead of injuring the HAHNEMANNIAN ADVOCATE, has thus far succeeded in bringing to our subscription list, readers of the *Medical Century* who have never been readers of the ADVOCATE. In answer to the many inquiries similar to the above that have come to us within the past two months and also as a general word of assurance to those who have never wavered in their allegiance, we take pleasure in presenting a true copy of the only injunction that has ever been served upon the HAHNEMANN PUBLISHING CO., and which constitutes the basis of the insinuations of the *Medical Century*. It might not be out of place for the readers of the ADVOCATE to know that Dr. C. E. Fisher has really been the instigator of every step taken by the attorneys of Dr. Allen in seeking to get possession of the *Medical Advance* and he attempts to justify this course by the statement that it was through *his* suggestion that Dr. Allen bought the judgment note which was the beginning of all litigation and since he was the prime mover in starting the trouble, it was nothing more than right that he should stand by until the doctor was released from all embarrassment.

ON THE 6TH DAY OF JANUARY, the attorneys for Dr. Henry C. Allen presented to Judge Horton a cross petition praying that HERMON W. PIERSON and the HAHNEMANN PUBLISHING COMPANY be enjoined from issuing and publishing the HAHNEMANNIAN ADVOCATE, etc., which was so palpably unreasonable that the Judge refused to grant it and compelled them to amend the petition in such a way as to make it of no practical effect. The following is a true copy:

"HERMON W. PIERSON and the HAHNEMANN PUBLISHING COMPANY are commanded to desist from issuing and publishing the HAHNEMANNIAN ADVOCATE in a manner and form similar to that of the *Medical Advance* and restraining and enjoining them, or either of them, their agents, or attorneys, and

the persons before mentioned and each and every one of you, that you absolutely desist and refrain from *advertising* and *asserting* that the HAHNEMANNIAN ADVOCATE is the *successor* of the said *Medical Advance* and from soliciting and asking subscribers of the *Medical Advance* to *change* their subscription to the HAHNEMANNIAN ADVOCATE."

The readers of the HAHNEMANNIAN ADVOCATE can see from this that there is nothing preventing the issuing and publication of the HAHNEMANNIAN ADVOCATE *as it now appears*, and no one has the slightest desire of advertising this journal as the *successor* to the *Medical Advance* or any other journal, *and since all subscriptions to the Medical Advance terminated with the last issue of the year 1895*, it would be impossible for us to solicit a subscriber to the *Medical Advance* AFTER JANUARY 7, 1896. It is abundantly able to stand upon its own feet and to pave its way toward greater power by its inherent strength of purpose and solid financial foundation laid for it by the HAHNEMANN PUBLISHING COMPANY. The HAHNEMANN PUBLISHING COMPANY owns its type, and employs its own compositors and has been incorporated under the laws of the State of Illinois for the purpose of doing a general medical publishing business, with the intention of so enlarging its work, as to supply the profession with such books and periodicals as their needs may require.

LOCATED THE NEEDLE.

We clip from the *Toronto Globe* of February 13th the following excellent use made of the Roentgen discovery by our esteemer contributor, Dr. Edward T. Adams. He being one of the first to make use of this means of precision.

"The latest success achieved, locally, by means of the new photography has shown it to be of great practical value from the medical standpoint. On Wednesday afternoon, Feb. 5th, Dr. Adams, and Dr. Musson brought a patient to the University who was suffering from the effects of a broken needle in her foot and asked that a photograph be taken by means of "X rays" to see if it were possible to locate the bit of broken steel. The lady was Mrs. J. D. Nashsmith, who lives at 207 Bloor street, east, and who about two weeks ago ran a needle into her foot and has since been suffering great pain from it. Her physician, Dr. Adams, deferred operations owing to the impossibility of locating the needle, and on Wednesday afternoon brought his patient to the School of Science, where the photograph was taken by means of the latest discovery of reflecting the rays. The experiment was performed by Messrs. J. C. McLennan, A. H. Wright (S. P. S) and J. Keele (S. P. S.), assisted by W. L. Millar, Ph. D., Dr. Ellis and Mr. Rosebrugh. An exposure of fifteen minutes was allowed and when the negative was developed it showed distinctly the bones of the foot and the position of the needle. The operation was not made

until yesterday morning at 11 o'clock, at which time Dr. Adams and Dr. K. N. Topp, by following closely a drawing made from the negative, were able to reach the point of the needle by a single incision. It was found that the needle had entered the sole of the foot to the extent of about half an inch and was lying in a slightly oblique position. It was not quite three-quarters of an inch long and only one-fortieth of an inch in diameter. The operation did not take longer than fifteen minutes. This is probably the most successful medical experiment performed as yet by means of the new photography, and must be accredited in a large measure to the new process of reflecting the X rays."

PERSONALS.

Dr. W. A. Yingling, one of the valued contributors to the columns of the *HAHNEMANNIAN ADVOCATE* has opened an office at 814 Market street, Emporia, Kansas.

Dr. A. W. Vincent, a graduate of Hering Medical College, has recently moved from Gresham to Portland, Oregon, and is now connected with the Portland hospital so recently passing under the control of the Homœopathic physicians of that city.

Dr. Clinton Enos has removed his residence from Denver to Brighton, Col., but still retains an office in the city and his position as Prof. of Materia Medica in the college.

The address of Dr. Edward J. Hall is changed from 119 W 104th St., New York to Moore's Mills, Dutchess Co., N. Y.

Dr. J. U. Wood orders his *ADVOCATE* sent to New Haven, Conn.; it had been going to Holyoke, Mass.

Dr. O. W. Lounsbury Jr., can now be found at 615 Klomee St., Dayton, Ohio.

The readers of the *ADVOCATE* will remember the clinical reports of Dr. Fred S. Keith, while at the Post-Graduate School. The Dr. has now opened an office in Newton Highlands, suburb of Boston, where we may expect good reports in the future.

Dr. C. F. Young goes from Columbus, O., to the college town of Westerville, the same state.

A NEW BUREAU.

At the St. Louis meeting of the Southern Society of Homœopathy last November it was voted to add a new bureau—*THE INSTITUTES OF MEDICINE*—to the work of the Society and the responsibility of making the same of practical value to the pro-

fession of the South and Southwest was laid upon the shoulders of the editor of this journal; and the work of preparation will be taken up in a short time. Suggestion will be gladly received by any of the readers of the HAHNEMANNIAN ADVOCATE who are interested in the work of this Society.

CHILDREN'S HOMŒOPATHIC HOSPITAL.

At the annual meeting of the Children's Homœopathic Hospital of Philadelphia, Broad street, above Poplar, the following Directors were appointed: To serve for three years, Bushrod W. James, M. D.; Edward H. Binns, Samuel R. Marshall, Louis P. Posey, M. D., and Albert B. Weiner. To serve for two years: Landreth W. Thompson M. D.; M. M. Walker, M. D.; Joseph M. Reeves, M. D.; Napoleon B. Kelly and Daniel A. Waters. To serve for one year: William J. Johnson, Silas Griffith, M. D.; N. F. Lane, M. D.; Thomas M. Longcope and Captain Henry L. Gregg. Solicitor, Henry R. Edmunds.

At the meeting of the Board of Directors the following officers were elected for the year: President, Dr. Bushrod W. James; Vice president, Samuel R. Marshall; Treasurer, Edward H. Binns; Secretary, Napoleon B. Kelly; Associate, Dr. N. F. Lane.

AN INTERESTING MEMENTO.

An autograph letter of Saml. Hahnemann bearing date of Feb. 5, 1835, at Cœthen, and sealed with his private seal was left with us for sale. The water mark of the paper is 1801. This may be secured for ten dollars.

Dunham Medical College will hold a special course beginning April 1st, closing May 13th. This course is specially adapted for students and others purposing a study of the science of the Art of Healing as practiced by Samuel Hahnemann and his followers. The fee for the entire course will only be *Ten dollars*. (*See particulars in Publisher's Department*).

Our Monthly Review.

Some Remedies in Suppuration.—I will not waste time by detailing the use of such every-day remedies as *belladonna*, *hepar*, *mercury* and *sepia*, but will call your attention to some less common indications for remedies which you may need to control the formation of pus.

The virtues of *ARNICA* are too often overlooked. Grauvogl said that it prevented the formation of pus by withdrawing water from the serum, as shown by the increase of the watery contents of the urine without increased drinking during its administration. Be this theory correct or not, its power to adjust the capillary circulation after a bruise or contusion is undoubted, and that very adjustment prevents suppuration. Further than this, *arnica* is the remedy above all others, when from the general debility and foul secretions with probably ecchymosis and gangrenous spots, there is reason to believe that pus is forming and burrowing in any part, but without pain. I have several times seen *arnica* dry up a crop of small "blood boils" appearing one after the other, with no other indication except their extreme soreness. In carbuncle it is an early remedy, but not of the same value later as *lachesis* or *anthracinum*.

BRYONIA has an excellent record in suppuration of cellular tissues and as a resorptive of pus in acute abscesses. The indications for its use are the general ones of pale redness and swelling and extreme aggravation from motion or touch, without the high grade of inflammation and the rapidity characterizing *belladonna*, or the more acute and earlier indicated *aconite*. In felon, *bryonia* has aborted where the inflammation early is light or pale red, diffused, not hard or burning, but with tearing or shooting pains. Not only is the dry heat local, but the dry mouth, coated tongue, and frequent, strong pulse, with other general symptoms of the drug, shows that the local inflammation tends to involve the whole circulation and result in suppuration.

When inflammations suddenly develop burning or lancinating pains and acrid discharges, *ARSENICUM* should be remembered. The acute suppurations to which it applies occur generally in connection with anæmia of some sort, with attendant emaciation and debility—general arsenicum conditions.

PULSATILLA should not be forgotten for laudable pus, although we usually think first of *hepar*. In abscesses with very profuse, greenish-yellow or bloody but unirritating pus the pains of *pulsatilla* are stinging and cutting, often with chilliness and thirstlessness and oppression of the chest. The parts bleed easily and are surrounded with bluish-red swelling. *Pulsatilla* is suited to suppuration of internal parts, also for glandular suppuration. It should not be forgotten for periostitis when its general conditions of anæmia, weak venous circulation, etc., are present. Another remedy for acute suppuration is *RHUS TOXICODENDRON*. Oculists could not do without it for orbital cellulitis and it has done good service in the general cellulitis accompanying diphtheria. It has often aborted carbuncles, if given early, where the pains were intense and the affected parts dark red.

In chronic suppuration the list is a long one. First, perhaps, should come

CALCAREA CARBONICA, because of its applicability to a great variety of scrofulous inflammations, especially of the glands. Its pus is generally albuminous, whitish-yellow, copious and bland, although it may be scanty and putrid. In the pyæmia of scrofulous and rickety children it is the great remedy, the general constitutional symptoms being then better indications than those afforded by the local point of suppuration. In the second stage of hip-joint disease and in white swelling of the knees in flabby calcareous children this drug has made a fine record.*

While **SULPHUR** is indicated upon its many well-known generalities, it should be especially remembered when all the discharges of the body, including the pus, are acrid and excoriating and the pus is also then black and putrid. Probably its best record is for crops of boils in various parts of the body, with inflamed base, discharging finally an unhealthy, sometimes bloody pus. This crop heals up and is followed by another, or single ones succeed one another.

LYCOPodium has been found curative of boils returning periodically, when warm poultices aggravate all the pains; also carbuncles with burning stitches all around, with alternate chilliness and heat of the body.

Under the heading of Local Suppuration, a few drugs are grouped especially applicable to suppurative processes in special tissues.

For the skin, we find **HEPAR**, **CALCAREA CARB.** and **GRAPHITES**.

Glands.—Here is found a long list of drugs, with **MERCURIUS**, **SULPHUR**, **SILICEA** and **GRAPHITES** leading. To these should be added **NITRIC ACID**, when tedious suppuration involves the inguinal or axillary glands, especially in mercurial or syphilitic subjects; **KADI IODATI**, when the discharge is thin, corrosive and curdy, and the indolent, hard edges denote a scrofulous or syphilitic back-ground; **CARBO ANIMALIS** applies to the inflamed and indurated glands of scrofula, while **CARBO VEGETABILIS** seems to be most useful later, when suppuration of a low type has begun and sepsis or pyæmia threatens. **PHOSPHORUS** cures glandular swellings in weak, scrofulous patients, who suffer from diarrhœa, hectic fever and colliquative sweats. The lymphatic abscesses of *phosphorus* are full of fistulæ and discharge a copious yellow pus. **CISTUS CANADENSIS**, an old-time domestic remedy for all kinds of scrofulous diseases, deserves especial mention for its use in swollen, indurated and suppurating glands; also the caries of scrofulous patients.

In suppuration of the bones, besides **PHOSPHORUS**, and **PULSATILLA**, **AURUM**, **ASA FETIDA**, **CALCAREA PHOS.**, **CALCAREA FLUORICA** and **MANGANUM** are mentioned; and for the internal organs, besides **ARNICA** and **PULSATILLA** are **LACHESIS** and **CANTHARIS**, which have remarkable records in deep-seated inflammations such as hepatitis, peritonitis, pelvic cellulitis, diaphragmitis, etc.—*Prof. Wm. E. Leonard, M. D., in the Hahnemannian Monthly.*

Opium in Colliquative Sweating.—Opium has the peculiarity of checking all the secretions except that of the skin. Nothing is more established than the power of opium to excite perspiration. Cullen declares that opium at all times has been found to be the most effectual of sudorifics. In case of poisoning by this drug a remarkable illustration of its sweat-producing power is observed, for the skin is bathed in a profuse and sometimes greasy and graveolent sweat, while the temperature remains natural or even above it. However, the sweating is never observed except from good-sized doses, and during the

third stage or that of prostration. From moderate doses of the drug the sweating is mostly upon the face and chest.

My experience in checking exhausting and colliquative sweating was unsatisfactory until I became aware of the value of opium in this state. In the exhausting, long-lasting and distressing sweats of the critical, uncertain stages of severe cases of infectious diseases, and notably of typhoid fever, when the patient, though not having reached a critical day, breaks out into long-lasting, profuse and depressing sweating and when already weakened by his disease, possibly the excessive loss of the fluids may be the turning point for the worse. Here opium will often control this ill-omened complication, and tide the patient over to recovery. In the sweats of convalescence from typhoid and the profuse sweating following the grippe it acts fully as well.—F. H. Pritchard, M. D., in the *Hahnemannian Monthly*.

A Plea for Purer Practice.—Dr. Z. T. Miller, in (*Hahnemannian Monthly*) says: The duty of a man is to know what is right and do it. To know it and not to do it, is a crime; to not know it when the opportunity is present, is worse than a crime; it is an unpardonable sin when human life is concerned. I sympathize with the homœopathic expectant who falls into the hands of a man who knows better than Hahnemann. If life is too short to study homœopathic *Materia Medica*, it is to be feared that other lives are shortened by the system that life can master. It is deplorable to think of the neglect of the ample opportunity presented to firmly establish as truth, what seems to some, questionable data. I refer to our hospitals. Confirmation should be carefully noted and tabulated. Potencies of all scales should be tested; the time of administration, with the first appearance of relief, if any, should be stated. The hospital is the only place where this accuracy can obtain, because it is the only place where complete control of the patient is possible, and the reports from private practice are not always reliable. But the hospital can hardly be looked to for assistance unless they are run on lines quite different from those now in force. If you will take a peep from the pharmacy from which remedies are dispensed, you will have your homœo-alloeclectic heart gladdened by the size of the bottles, the color of the contents, the stench of correctors, for they are all there, while the poor little phials of 8x, 6x, etc., crawl into the drawers and cover themselves with dust, as if ashamed of the company they have got into. Iodoform is king and prevades every nook and corner of the house. Notwithstanding this laxness, our hospitals do the best work, yet what would it not be if the strictest rules of homœopathic therapy were observed. Hospitals are largely the children of private and state beneficence, and this beneficence is abused if the very best results are not obtained and the very best management carried out. If a homœopathic institution is endowed by private means and chartered by the state, the presumption is that the institution is to be an establishment conducted upon the principles enunciated and promulgated by the founder of the homœopathic art, and anything short of it, or contrary to it is a species of fraud and a betrayal of a trust both private and public. But, says my friend, if Hahnemann had been alive today, he would have been abreast of the modern methods, and would have modified many of his arbitrary rulings. I do not think so. A fact is a fact, yesterday, today and forever. If like cures like because it is the dictum of unchanging nature that it should, then there can be no change, however

much the sluggard would have it so. Homœopathy is either dead right or dead wrong; is everything or it is nothing. There can be no compromise. The psychological aspect of men has much to do with allegiance to faith. Some men cannot stand ridicule; some flunk before flattery; others are indolent. The first cannot give a reason for their faith; the second have no faith, and, like the weather cock, turn their heads to the wind of flattery that blows the hardest; the third are hardly worth considering. We are soon to erect a memorial to Samuel Hahnemann. It is presumed that the man did something that deserves perpetuation. Need I tell you what that something is? The something that specializes that man and places him upon a pedestal before the world? I conclude that this inanimate expression of your acceptance of his edicts is proof positive that he spake the truth. Men's habits, men's religions change; but natural, eternal law, never. Kepler-Newton changes not, and if natural law is the basic principle of homœopathy, it cannot change.

R. F. Licorish, M. D., Barbadoes, West Indies, in an article entitled **Homœopathy, Isopathy and Immunity** (*North American Journal of Homœopathy*) says that whenever the truth of homœopathy becomes a demonstrated fact to the scientific world, it will be found to be through physical laws, as yet but scarcely recognized in the realm of science. His theory as to the *modus operandi* of the similar remedy starts with the assumption, already recognized by many leading scientists, that all vital forces are, in reality, physical forces. But if we grant so much, we must also allow that as such, vital actions must also be amenable to laws which govern physical forces in other natural phenomena, such as light, heat, etc. In physics the truth of any law is founded on the unchanging results following from like conditions. Mr. McLaughlin's theory is that the tissues, albuminoids, etc., of the body are subject to wave vibrations or motions, that vitality is essentially a physical process or state, and that to peculiar molecular or atomized vibrations are different vital states or conditions due. Fermentation and infection are similar processes, and both are due to one-celled micro-organisms, and since they require contact with the fermentable and infective substance, and add nothing of their own substance to the products, they must act as physical and not as chemical agents. His contention is that the various molecules and atoms of the body are subject to wave vibrations, and as pathogenetic micro-organisms likewise possess similar wave vibrations infection is brought about by reason of the physical effects of the latter series of vibrations on the former. He thus explains the difference between susceptibility and immunity: "The difference between susceptibility and immunity of animals to a given bacterium will depend upon the molecular structure of the albuminoids; those of the susceptible animal can be shaken apart and converted into ptomaines by the bacterium because both vibrate in the same period of time, hence such albuminoids are susceptible. A different state of affairs exists in the organism of the immune animal; its albuminoids are not susceptible, do not vibrate in the same periods with the bacterium and consequently are not disrupted and no ptomaines are formed." Licorish finds this theory assailable at many points. He says that this is due to the fact that McLaughlin approaches the problem imbued with the spirit of contraries in medicine, while he, as a homœopath, approaches them imbued with the spirit of similars. He says, "Assuming, then, from our own reasoning and from the opinion of eminent scientists already quoted, that the albuminoids of the body

owe their vitality to molecular or atomic vibrations or motions, and that different organs are possessed of their own peculiar motions to, which their functions are due; we can also assume that remedies which affect the organism likewise possess wave motions, by means of which they set up in the system their distinctive disturbances. The cause of medicinal action must be due to either mechanical, chemical or physical forces in the ultimate action. Now we know that behind the manifest physical properties of both mechanical and chemical action, lie the ultimate physical forces, hence we must conclude that the primary and so real action set up in the organism by remedies, must be due to physical force or action. Moreover, recent science assumes as a fact that all matter is possessed of physical properties analogous to those that we have assumed to be possessed by medicinal remedies. If, then, we grant both organism and remedy to be possessed of such properties, we must also allow that the latter affects the former in harmony with the action and counteraction exhibited in other physical phenomena, as in air, water, heat and light. It is demonstrated in physics that wave vibrations react on each other. Now suppose any of the disease producing agents react on the body, *i. e.* set up by some contact, inimical wave vibrations therein, it must be evident that such inimical wave vibrations, once started, can only cease altogether when they completely traverse the system, just as when, by throwing a stone into a pool of water, the waves formed can only cease when they reach the sides of the pool, although apparently they cease in some cases, before they reach the sides of the pool. But in this passage through the body, symptoms are produced and in this way,—the disease vibrations reacting on the normal molecular vibrations evidently have the power of altering their swing, or, in other words, breaking up or distributing them, so that new molecular motions foreign to the body are formed, or, at any rate, molecular motions that are inimical by their presence. By this process and in this way, we assume ptomaines are formed. To the production and presence of such ptomaines we attribute the symptoms of disease, such as fever, pain, etc.

Disease, then, being a wave of disturbance in the body, which, once started, continues until the course is run, how are we homœopaths going to modify the wave? Now, homœopathy is the giving of a remedy in disease which remedy, when given to a healthy person produces symptoms similar to the symptoms for which it is given. Now similar symptoms produced in the healthy would undoubtedly mean the production in the body of molecular motions very like those which the disease has given rise to. When we give the similar remedy, therefore, we evidently reinforce the disease, or rather, give a remedy which from known physical laws, must traverse the course taken by the disease. It is to this fact, that the energy of the infinitesimal dose is due. But not only does the remedy enter at the portal of entrance of the disease and traverse such a course; it makes a path for itself through the system beyond the diseased action, which path, being that of least resistance, because the motions of both disease and remedy coincide, the disease in turn follows. The disease by the use of this similar remedy is not only modified but shortened. But it may happen that in the course of the remedy, a point may be reached which, through the action of both disease and remedy, an aggravation of the symptoms may take place. This, however, will be transient. By this theory not only is a reason given for the apparent power of the infinitesimal remedy, but the question

of medicinal aggravation would apparently be answered. But it may happen that a remedy finding an entrance into the body may follow a course meeting the course of the disease through the body; when this happens, and the molecular waves of each coincide, an immediate cure results. This, I believe, rarely happens. It is seen perhaps when severe pains or acute conditions are immediately relieved with the similar remedy; not in a definite disease. Looking at the theory of the homœopathic remedy as making a path for the disease, we can, on like theory, explain, not only isopathy and serum therapeutics, but also the means by which disease immunity is secured.

The Knack for Using Drugs.—Few things in life are not better done for having a knack for doing them; and few things can be well done without a knack. Opportunity will do much, industry will accomplish immensely more, but an inborn capacity must supplant both to make phenomenal success in almost any pursuit. In no occupation is this natural capacity more necessary to success than in medicine. There is a genius for prescribing as much as a genius for mathematics, or music, or poetry. This genius is the ability for matching the chief, leading and peculiar characteristics of a natural disease, with the chief, leading and peculiar characteristics of the sickness cured by a drug. The separate elements of the sickness are not only to be matched by separate elements in the drug effects, each to each, but the inter-relation must be the same, in order that the unities may be similar. There is a multiplicity and a unity on the other. It is by no means easy to grasp the spirit of a drug in its unity. It is not easy to say what are its essential attributes and what are only secondary characteristics. What symptoms in a natural sickness are peculiar and characteristic, what is the general *ensemble* of the disease, is a much easier question, though by no means a matter for a tyro. But who is able to pick up the pathogenesis of a drug and say off hand from a study of its symptom-list as presented in *materia medica*, what is the essential genius of the drug, what must be present in the sickness of the patient to render the drug applicable according to the law of similars? A peculiar aptness in generalizing, a habit of sifting and weighing testimony, an insight, almost intuitive, for assorting and grouping phenomena are essential elements of successful prescribing. This power is in-born, natural, but even such a gift is subject to great improvement through exercise and experience, and aptitude in prescribing means a capacity to improve, as well as a capacity to perceive. It seems to me that the only real way to gain this knowledge is from a study of the symptoms in their concomitance and sequence. To grasp fully the spirit of a drug, one must witness a number of provings, each in the unity of its associated symptoms, and compare one unity with another. Those characteristics that are common to all, or the greatest number of these unities, are the essential characteristics. Those of the essential characteristics that are found *only in this drug* are the differential characteristics. But there is scant reason to expect favorable results, if one applies to the differential characters and leaves out the skeleton and integuments that go to make up unity of the complete organism, the entire drug action. (M. W. Van Denburg, M. D., *North American Journal of Homœopathy*).

Urinalysis.—An exceedingly profitable amusement for medical men is Urinary Analysis. The financial cost for this diversion is not great, the opportunity is abundant and the interest is without limit. Almost every physician

has a corner of his office which he can dedicate to this purpose—that of the wash-stand. Let him hang on the wall a small cabinet to hold his chemical re-agents, and fasten up a test tube rack; then a firm table with a microscope and he is armed *cap a-pie* to engage in one of the most important branches of his medical studies. You want to be prepared to recognize any renal case when it comes to you, and such cases come much oftener in their incipency than you imagine. And it is just then, in their incipency, that you want to meet them, while there is yet time to “whistle down brakes.” Make it the rule to examine the urine of every patient that comes to you, and you will be astonished to find a fairly large number of unsuspected albuminurias and occasional glycosurias. It must not be forgotten that many other diseases besides Bright's and Diabetes present most important symptoms and complications which are discoverable only by urinalysis. Almost every doctor, when a new case comes to him, thumps the chest, listens to the heart, counts the pulse, looks at the tongue, asks a few general questions about the appetite, state of the bowels, and character of the sleep, and then prescribes a remedy and perhaps a special diet. This is all quite right, but how about the kidneys? How can you prescribe a diet unless you know of a certainty that there is no albumen or sugar in the urine to guard against? And these are not by any means the only foreign elements one need look for. There is something of equal importance to look for, and if found, to prescribe a diet for, and that is excess of uric acid. We are not all specialists in scarlet fever, typhoid fever, mumps, etc., and yet we recognize them when we see them, and just the same amount of urinalysis will help a physician amazingly to treat his patients successfully, and will often save him from making a bad blunder in diagnosis. Between the knowledge of the state of a patient's heart or kidneys, I should choose the latter. Always examine the urine after scarlet fever and diphtheria, and remember that albumen and casts may persist for six months. Too much cooling off of a sunstroke, and cold baths in typhoid fever may cause albuminuria.

Albumen should be looked for in urine after surgical operations, especially abdominal; also after a patient has been chilled or burned; in pregnancy; in jaundice; in tape worm.

It is most satisfactory in bad cases of pneumonia, and, indeed, in all febrile complications, to keep watch of the chlorides. The diminution or disappearance of these is proportionately unfavorable. Their reappearance, especially if permanent, is highly indicative of recovery. The chlorides are also diminished and may disappear when inflammatory or other complications of the kidneys occur. Hence, it is good practice to examine the chlorides in all cases of suspected nephritis. (Joseph C. Guernsey, A. M., M. D., in *North American Journal of Homoeopathy*).

The Food of the Newly Born.—It may be said that the newly born child gets its first meal from the blood in the placenta. If given a chance to breathe for a few moments before separation from the mother the blood will be taken up from the placenta and will support the child for two or three days. Every old grandmother in the country will have some time-honored concoction with which to start the new-comer on his way rejoicing (as she thinks), but the baby will have cause to rejoice if some good friend will save it from such a fate. This dosing should be prevented if you have to use a shot gun to do it. The best way for the babe to receive its nourishment, of course, is at the mother's

breast but if the mother is too weak she should not attempt to nurse the infant. If she is phthisical she should not nurse the child; if she has erysipelas it will poison the milk, or if she has syphilis, epilepsy or rheumatism, the milk is liable to become acid and produce diarrhoea. Following is a favorite formula for the artificial food of a baby: Cow's milk 8 parts, boiled water 2 parts, lime water 1 part, cream 1 part, sugar of milk 1 part. In the place of lime water may be used 1 part of boiled water containing three grains of bi-carbonate of soda to the ounce, owing to the individual baby to be fed, as the lime water tends to constipate the bowels, while the contrary is true of soda. The milk should not be boiled. Milk is a bactericide. Prof. Leeds has discovered that milk will kill germs, therefore it is nonsense to boil it. Nursing children do not have diphtheria or scarletina.

Natrum Sulphuricum in Neuralgia of the Fifth Nerve.—

Patient a clergyman, with the following history: Ten years ago he had a second molar tooth extracted from upper jaw, right side. Bleeding continued for eight days. Some pain on touching the vacant space and on washing the face. Had a bad attack of neuralgia in that side of the face in about three months. This was repeated and the attacks grew more severe and more frequent. Two years ago he underwent the operation of resection of the maxillary branch of the nerve at the foramen in the molar bone, and experienced relief from pain during the following summer. The trouble returned, however, in the early winter. The pain is worse after midnight. Any movement of the jaw or tongue will aggravate existing pain or bring on a frightful paroxysm. A drink of cold water aggravates, but hot water will sometimes relieve. It is some easier on lying down, but patient is intensely restless and cannot lie still at night. There is no thirst; feet and hands always cold. Bowels are regular; however, he has piles which are worse when neuralgia is worse. Arsenicum³⁰ was given, with slight relief. On examination of the tongue it was found that the posterior two thirds was coated with a thick yellowish-brown later. On further inquiry I found that the trouble began while he was living in a very damp, cold house, the walls of which were frequently moist, and that the earlier attacks always came on when he had been in the cellar. On this indication I gave Natrum Sulph.⁶ with instructions to quit taking it as soon as any improvement was noticed. The result was marvelous. He got practically well, was able to attend to his duties, and had the operation not been performed on the nerve, I feel sure the cure would have been absolute.—(J. T. O'Connor, in *Homoöpathic Physician*).

Sulphur in Crusta Lactea.—A child who had been quite well up to his ninth month, was brought to me with an eruption on the head, which was at first dry, afterward exuding and spreading all over the forehead and ear, papules excreting a yellow matter. There was much itching. Sulphur⁶ did nothing and I gave about 1 grain of Sulphur 1st trit. Four weeks later the parent reported the child doing well, the eruption having declined rapidly, disappearing entirely the second week. (*Goulton, Zeitsch. der Berl. ver.*)

Hugenin, in the *Journal of the American Medical Association*, mentions among the remedies which are dangerous to the pregnant woman salicylate of soda and ergot. Castor oil, mineral salts and especially aloes should be avoided. Quinine in large doses must also be omitted, and when given at all it should be guarded by combination with opium.

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Materia Medica.

*CAUSTICUM.

J. T. KENT, M. D.

This remedy has a limited appearance in acute diseases; it is a *deep antipsoric, very slow and long in action, sometimes lasting many months*. It resembles complaints that have been coming on for a long time; chronic, psoric complaints, coming on in advanced life. It will most likely be needed after middle life; complaints in decline of life.

It produces a chill, but there is no fever between the chill and the sweat. The chill is on the left side usually and associated with spinal complaints. The remedy in general corresponds to *one-sided complaints*. Coldness of the left side of the body with spinal affections, so that we see from this, that *its acute exacerbations are only apparent*, that they are not the acute diseases like measles and scarlet fever, and the little fevers and sharp attacks and congestions that come, are not found in Causticum to any extent. I should be surprised to know that Causticum would be found suitable in those acute, sharp, intense conditions of childhood. I never think of it, and if it does have such things, I do not perceive them. Its chill is really the outcome of a chronic state. The resemblance to acute troubles is in its paralytic affections, but there is an underlying chronic cause for it, and it is not acute. For instance, its paralytic affections of

*Lecture delivered at the Philadelphia Post-Graduate School of Homœopathy. Reported by S. Mary Ives, M. D.

the muscles of the eyelid and the side of the face, from getting in the wind, and this to a certain extent is taking cold, but instead of taking cold as people generally do, and getting acute manifestations, he gets a cold, which will last for weeks or months. Hence a facial paralysis from sitting in a draft in the theatre or church will be cured by Causticum, if Causticum fits the whole case. We find in most cases, corroboration for our remedies.

Now, if I were going to figure out the kind of a face, and the kind of an individual that Causticum would be like, I would take an old lady fifty to sixty years old, who had been worrying for the last twenty-five years over a drunken husband, or a wayward daughter, or the loss of her daughter, and she could not forget her tribulations in the family, until she had become *wrinkled prematurely in the face*, there was *premature old age*, and she had *cracked lips, redness of the eyes, deep lines of care and distress and fatigue*; she is *worn out*, and *wants to die*. In her temper, she is *irritable*, in her mind she is *distressed and full of anxiety, every imaginary care is about to come upon her*. She is *hopeless*, she is *in despair*. Now, you have the features of Causticum, you have the conditions of Causticum, *i. e.* Causticum produces a state upon the economy like unto such cases; hence it will be suitable in such complaints, in persons who have not these incurable states. It is true, if the cause has been removed, if her drunken husband has long ago died, then she may be cured; but if she is continually grieving about her daughter and can never get over it, but the thorn in the flesh is there; if she has still her wayward child, if she still has before her mind her poverty whereas she was once rich, then she is incurable, because *complaints that are even the outgrowth of psora cannot be removed unless causes are removed*. But such a state brings before the mind the depression of the human economy.

Causticum is likely to produce, and such individuals are likely to have, *paralytic conditions, paresis*. *Causticum is full of paralysis of single parts*. Falling of the upper lids of the eyes, ptosis; paralysis of one arm, paralysis of one leg, or both legs, of single muscles, and the paralyzed part withers, shrivels up, shrinks. Paralysis of the bladder, of the rectum, of any muscle, or any group of muscles.

Most singular things come in Causticum; he is unable to do

the usual things; and has to resort to some unusual method for stool, some unusual method to pass urine, to get into some unusual attitude, because of the paralysis of the parts.

The Causticum patient is one like unto a *nervous wreck*; <from too much heat and from too much cold: sensitive to the extreme of heat and cold, sensitive to all the weather changes, satisfied under no circumstances, irritable, distressed by surroundings, and quarrels with his bread and butter. So that the anxiety has in its appearance, fears, hopelessness, distress, mental conditions too numerous to mention, a broken down nervous wreck. As to the paralytic condition, we find it even in his cough; the very nature of the cough is paresis.

The *catarrhal conditions* are attended with ulceration, with great dryness, and there is ulceration of the skin, burning, sloughing ulcers, eating ulcers that burn and sting and bleed, and granulate with false granulations. Bloody discharges from the nose, and troublesome discharges from the ears, and catarrhal conditions of the eyes, and paralytic affections, amaurosis, paralysis of the optic nerve, paralysis of the lids. His vision is growing dim, and he sees flaws in the atmosphere, specks, a gauze, fog, his vision is foggy, the eye-sight is defective, growing dim, prematurely old.

Sore throat; the throat is red and raw, it is painful to swallow, and this is likely to be associated with laryngeal trouble, with a cough and with expectoration, and now in the sore throat, the muscles bother him. He expectorates, and the expectoration comes up to a certain place, and he is unable to arouse the muscles to hawk it out, to get rid of it, and it goes down his throat, and he swallows it. This is due to a muscular paresis. He has loss of voice, or hoarseness, and aphonea; hoarseness increasing to aphonea, <in the morning, <from gradually exercising the muscles that call the vocal cords into action, so that he is <in the morning, and there is dryness, weakness of the voice, huskiness of the voice, and loss of voice. Dry, teasing, hacking cough, with gagging and vomiting. The irritation seems to be a little deeper than he can reach with his effort of coughing. There is a paresis of the muscles of the chest, and he cannot so bring the chest muscles to bear upon the action of the cough, that he can expectorate, so that there is rattling with the cough low down, with difficult expectoration. If you see him cough, you can see he is making a vigorous effort with little ex-

pectoration, except when there is too much there, and he can reach it. That keeps up a continuous hacking effort. This hacking cough is >by taking cold water. His chill is >by taking a drink of cold water. The pains in his stomach are sometimes >by taking cold water. *A cold drink seems to relieve the symptoms.*

In the nose and throat and larynx there may be ulceration. I speak of these complaints more together because in *Causticum* they are so commonly associated, they so commonly belong together. The hoarseness, remember, is in the morning <with *Causticum*, in the evening <with *Carbo veg.*

Now, in the stomach there is a catarrhal state; of course, we cannot look at that, we have to take the symptoms. Much burning in the stomach; *throughout all the complaints of Causticum there is burning*; burning in the head, in the stomach, in ulcers, everywhere. There may be burning of ulcers in the stomach; and he feels a constant fermentation, a rumbling in the stomach. It has been described by a prover as if he felt lime slacking in the stomach. A disturbance in the stomach with great distension, flatulence, accumulation of gas. The whole abdomen is distended. Now, if we go down through the alimentary canal, we will find the abdomen is distended and tympanitic, it is hard, chronically hard. Then a hemorrhoidal condition, when hemorrhoids come on by straining, which shows the muscular weakness of the parts, weakness of the muscles of the parts. Hence *Causticum* is an old remedy for hemorrhoids in clergymen, in public speakers, who have long speeches to make, and have long standing; they are unable to hold the sphincters, and hemorrhoids will come out, instead of when they are at stool, a state of relaxation.

Chronic, inveterate constipation, with stools long like a pipe stem, like a lead pencil, ineffectual urging to stool in chronic, inveterate constipation; he must go to stool every little while, but no stool. The routine practice is to give *Nux Vomica* for just such cases, whereas *Pulsatilla* has it just as much, and *Causticum* now before us, has it in a high degree, expelling only a little stool with great straining. He can pass the stool >when standing up; when sitting at stool, he is unable to bring the muscles to act upon the expulsive effort, and he stands up to stool, and finds out that by long standing, he can ease himself, by standing up. Standing up to have a stool, and sitting down

to urinate. Now, it is peculiar, in passing the urine; great urging to urinate, retention of urine, sitting upon the stool a long time to urinate, and no urine passes, and the patient gets up and goes away, and then the urine flows involuntarily, when it is entirely unknown except from the wetting. It is a common feature with men that the urine is voided standing; well, in the Causticum patient, he cannot pass the urine standing; and then when he goes off about his business, his clothing becomes soiled with urine, and he does not know that it has passed except from the wetting. Another feature is that there is entire absence of the normal sense of passing urine. It will be described in the female, that though she sits long in the passing of urine, she would not know that it passed, except that she heard it trickle. The male will often say that he is not conscious of the sense of passing urine, and he often feels with the finger to know if the urine is passing from the penis. So, we again see the paralytic state of Causticum. There is a paralysis of the bladder, and this is a common remedy, well to know; it has occurred many times in my observation, that a woman who has traveled on the railroad, is from some sort of timidity afraid to go to the urinal for fear it will be observed, and she retains the urine too long, and the bladder is followed by paralysis, and when the time comes that she may pass the urine, she is unable to pass it, and this leaves a lingering paresis of the bladder, and she always has difficulty in passing the urine, it is a trouble, she passes it involuntarily, it starts when coughing and sneezing and Causticum is the usual remedy. Also *Rhus Tox.* If it is quite recent and you are called to the case very soon, *Rhus* is quite suitable. Causticum follows *Rhus* in many instances; when there is >from motion, Causticum becomes a suitable remedy. Now, in retention of urine, there is again likely to be a little dripping, without making any effort to urinate, there is a little dripping (when he makes an effort to pass urine there is more coming away in little drops); also in the passing of urine when coughing or sneezing, or by any jar or fright, or the slamming of a door, or any sudden noise, the urine will spurt. It shows what a paralytic condition there is about the bladder. In children wetting the bed, when almost no other symptom is present, in withered, lean, careworn, tired children, Causticum. The wetting of the bed is often in the first sleep, like *Sepia*. In hungry-looking urchins, who are withered and tired and sleepy, who wet the bed, Causti-

cum is likely to fit the symptoms. They have inheritances from their parents. In the very beautiful, bright-eyed, plump, handsome children, *Sepia* and *Belladonna* will very often cure the wetting of the bed; if in the first sleep, *Sepia*.

Upon the skin there is a growth of warts, dry, hard, horny, seedy warts, warts that are whitish and grey upon the surface in fine scales. Upon the skin and the mucous membranes, there is a tendency to fissures, to cracks that bleed, in the corners of the mouth and about the lips; in the corners of the nose warts come that crack and bleed at their origin with the skin, and partly break off. Fissured, and now they burn and smart and sting. Fissures of the skin, ulcers of the skin, eruptions of various kinds; but now at the anus these fissures come, like in the corners of the mouth; fissures form in the anus, radiate through and across, as it were, from a centre, radiating from the margin of the anus, going across the margin of the mucous membrane and the skin, outwards, fissures that increase with the trouble, and the hemorrhoids are intermingled with fissures. I have described the hemorrhoids, but these fissures seem to a certain extent to belong to the skin trouble.

Much smarting and bleeding where two parts of the skin rub together; in the male between the scrotum and thighs, between buttocks, fissured, red and raw. Warts grow in these places, around the anus and upon the genitals and upon the hands, warts upon the end of the nose and upon the neck.

Now, you might naturally suppose that this medicine would be suitable in old inveterate cases of gout. It is true. The gouty constitution when the patient goes to bed at night with aching in the limbs, aching in the knees, and he turns and twists, turns and twists all night long. Anxiety and restlessness, restlessness in his bones and joints and flesh. He can always tell when there is a coming storm. Some of the complaints are <in dry weather, and then they are <again when there is a change in the weather. Old gouty constitutions with gouty deposits, rending, tearing pains.

You might naturally suppose from its tendency to cause fissures and cracks, that it would produce cracked nipples; it is so.

The Causticum patient suffers very much from dyspnoea, from palpitation of the heart, from cardiac affections in general, that is, nervous cardiac affections. It is hardly ever that you will see

such a patient as I have described, who has gone through grief, but there is palpitation, difficult breathing, nervous excitement, much anxiety, and such is a Causticum patient.

Now, Causticum is such a great remedy that we might discuss it in its particulars, and the diseases that it relates to, for a week.

Trembling, great trembling of the hands and feet, are to be found in Causticum running through all the complaints. You would expect that from what I have said. Everything that you will read in the text, you will expect, will seem natural to this kind of constitution. If it does not seem so, then you have not grasped the idea of the remedy. Everything that you will see, you will expect, and by that means it will be riveted in the mind, will be fastened. If the symptoms are not carefully read over after every lecture, after you have heard half a dozen, you will commence to forget the first one.

BORAX—A COMPARATIVE STUDY.

EDWARD CRANCH, M. D., ERIE, PA.

Every thorough physician, that is to say, every physician who is a Homœopathician, may see that the best advocate of his professional skill, is his proven ability to use the *Materia Medica* with the utmost readiness and certainty. Hence he is willing to spend long hours and little minutes, in perfecting himself in this main branch of study, which is, next to Anatomy and Physiology, the most universal of the medical sciences, a true "*Vade mecum*." It enters into Diagnosis and Prognosis, Pathology and Hygiene, Surgery and Obstetrics, Chemistry and Toxicology, Therapeutics and Practice. No man can fairly consider himself commissioned to care for the physical ills of humanity, who is not well grounded in the knowledge of homœopathic, as well as every other use, of a sufficient number of drugs. To the lack of mastery in this study, is due many a failure at examination, while thoroughness promotes not only the success of the individual, but the real cure of the sick, by Homœopathy.

In the study of *Materia Medica*, two inseparable methods lie side by side. 1. The study of each drug by itself. 2. The comparison of each drug with others. It is of the utmost importance to firmly fix in the mind the drug-name that belongs to each group of symptoms, so that there will be no such mistakes as some that occurred at a recent State examination, where,

when the symptoms of *Colchicum* were called for, one gave a carefully detailed study of *Cimicifuga*, two others gave fair pathogeneses of *Colocynth*, while yet others mixed up *Colocynth*, *China* and *Colchicum* in inextricable confusion.

After learning a few of the more important drugs singly, the student can begin to find comparisons, and these are unending, but extremely fascinating.

Borax is a drug of considerable importance, with a marked general action, and several peculiar oddities, that help to make its selection easy. We are not now concerned with its chemical composition, its alkaline, deterative, or antiseptic qualities, which make it often useful in local application, but only with its true pathogenic, (so-called physiological) action, and the curative action directly deducible from this.

In Merck's Index, Borax is classed as "Antiseptic, Emmenagogue, and Anti-epileptic." Its uses are stated, upon internal exhibition, to be in "amennorrhœa, dysmenorrhœa, epilepsy, uric acid diathesis, diarrhœa, skin diseases, diphtheria, sore mouth, conjunctivitis, urethritis, etc. In aphthæ and sprue of infants, give with honey———, dose, 30–40 grains." In Stille and Maisch's National Dispensatory, the following statement is offered: "In the dose of 6 drachms Borax has created no unpleasant effects except a temporary sense of oppression in the stomach, or, at most, nausea and vomiting. Continued large doses produce the same consequences as the prolonged use of other salts of sodium, namely, liquefaction of the blood, and scorbutic symptoms, and sometimes an impetiginous eruption on the skin. Since Borax was introduced into the treatment of epilepsy, Dr. Gowers has shown that an eruption of characteristic psoriasis may result from its use." Professor Mairêt, of Montpellier, (quoted by Shoemaker), speaking of the use of 1 and 2 drachm doses of Borax in epilepsy, daily, says: "Among the disadvantages of the prolonged administration of Borax are salivation, impairment of appetite and digestion, diarrhœa, emaciation, swelling of the face, œdema of the lower extremities, cutaneous rashes, conjunctivitis, fissures of the lips, fall of the hair and alterations in the nails." According to Dr. G. Lemoine, (also quoted by Shoemaker), "a blue line, resembling that of lead poisoning, may form upon the gums after the prolonged use of Borax."

Dr. Ch. Fere (Shoemaker) says: "The renal trouble excited

by prolonged use of the drug does not always subside on suspension, and one case is mentioned which terminated fatally from uræmic coma." It has produced abortion. Dr. Farrington, in his Clinical M. M., says not to allow the nurse to use Borax powder on the infant's tongue, for he has seen such abuse of it followed by affection of the bowels, and paleness and dwindling of the child, "which was not so before the meddlesomeness of the nurse."

The present writer has seen most severe stomatitis and ulcerated sore throat with excoriated, aphthous, bleeding patches, caused in a two-year-old child by the accidental swallowing of 1 drachm of Borax, dissolved in two ounces of water.

The most complete regular proving of "Borax Veneta," or Venetian Borax, as it was then called, was made on numerous men, women and children, under the observation of Dr. Schreter, of Hungary, published, with a very few additions, by Hahnenmann, in the "*Chronic Diseases*." Dr. Hughes, in his "Pharmacodynamics," makes certain strictures on this proving, doubting that the action of Borax caused aphthæ, because those reported as having it, were noted to have shown it "after four weeks, after thirty days, after thirty-three days," etc. But there is nothing to show the number of doses, or the kind of doses administered in those intervals! And in the light of more modern experiences with the drug, as already noted in this paper, one is certainly more inclined to credit Dr. Schreter's observations upon aphthæ.

In general, Borax seems to cause congestion, with excitement of nerve-centers, but this excitement soon meets a check, in a stagnation that follows quickly the congested state, intensifying some of its features, then seeking relief to the engorged capillaries, in certain morbid discharges, in perversions of function, and in some minor structural changes.

The congestion of Borax (with a big B, for Homœopaths are more respectful to their drugs than the Old School authors, who spell Borax with a little b.) is active and irritative, the subsequent stagnation is asthenic, but not, apparently, paralytic.

The congestive tendencies of Borax are shown in the heat and fulness of head and face; the darting, shooting pains; their irritability and great anxiety; the extreme sensitiveness to any noise, as the click of a latch or the rustle of paper; the starting in sleep; the erysipelatous and erythematous eruptions, and

cobweb feeling on the face and elsewhere; the nausea, colic, dysmenorrhea, menorrhagia, nephritis, urethritis without urine, laryngitis, pleuritis, rheumatism, pinching sensation of clitoris and sexual dreams; also easy conception and ready delivery, or even abortion. Painfulness of corns appropriately ends this catalogue of Borax congestions.

The stagnation and relief by morbid discharges are shown in the syncope, drowsiness, shivering and coldness from the least uncovering, excoriation of edges of lids, otorrhea, bloody catarrh of nose, earthy complexion, excoriation and tough and bloody mucus in the mouth, fauces, larynx, lungs, stomach, bowels, rectum, anus, urethra and vagina; in the aphthæ of the mouth, the flatulent dyspepsia, the soft, yellow diarrhœa; in the acrid fætor of the urine, the absence or total perversion of sexual desire, in the abundant, albuminous, pasty, white and hot leucorrhœa, running like hot water down the thighs, in the tendency of wounds, even old, healed-over ones, to suppurate. The tangling, irregular growth, and falling of the hair, and the trichiasis, or else "wild hairs" in the eye, the alterations in the nails, the emaciation, the puffiness of the face, and the œdema of the extremities, the salivation and the fissures of the lips, are examples of the structural changes found in the pathogenesis of Borax. The principal peculiarities of Borax, found in provings, and the same frequently verified in clinical experience, are the following:

1. DREAD OF DOWNWARD PASSIVE MOTION. This might also be expressed as a fear of being at a height, and is analogous to the sensations felt by many in a swing, on riding backward, on looking down from a high tower, etc. In sickness it becomes greatly exaggerated, coming on in a rocking-chair, or on starting down a flight of only two or three steps. In the case of children, it is thus expressed in Hering's "Analytical Therapeutics:" "When danced up and down, the child makes an anxious face during the downward motion;" "with a quick, downward motion, the child seems afraid to fall, (*sic.*);" "complains that it is falling;" "clings to something;" "with every attempt to lower the child from the arms of the nurse, even during sleep, it cries out and throws up its hands as if from fear," etc.

2. ERUCTATIONS, IF THE PAINFUL PART BE PRESSED UPON.— (Observed by Prof. J. T. Kent). This symptom occurs in rheu-

matism, and other painful diseases, and the pain is ameliorated by the sense pressure.

3. CONTRACTIVE PAINS IN ONE BREAST, WHILE NURSING CHILD FROM THE OTHER.—This symptom is observed in scanty lactation, when the breasts are too quickly emptied.

4. SKIN OF PALATE HARD AND WRINKLED.—This is especially in children, and may precede or accompany thrush; the infant cries while nursing.

5. EXPECTORATION OF MOULDY TASTE AND SMELL.—This symptom is marked in "*Lee & Clark*," as occurring in the evening.

Of these, the most important and suggestive is the first, the DREAD OF DOWNWARD PASSIVE MOTION. Borax has often been selected successfully, from the chance mention of this symptom alone, but it would be unfair to assert, that that symptom alone decided the selection, for no conscientious Hahnemannian works that way. The peculiar symptom may direct us to the remedy, but a review of the pathogenesis of the drug so suggested is always made, however rapidly, from the book or from memory, before the remedy is exhibited, and its known features must be seen to be similar to those of the case in hand,—then, and only then, is the drug to be administered.

Having, in a given case, fear or disturbance on the thought of downward motion, it behooves us to scrutinize the general condition, and if it show a state of sthenic, burning fever, with twitching and starting, and intense sensitiveness to slight sounds, together with an excoriative, irritable condition of the mucous membranes, Borax ought to be given; but such a general condition, without the dread of downward motion, needs the exhibition of *Belladonna*. On the other hand, the case may be feverish, but the fever is of an asthenic form, the hands hang limp and powerless, the sensibilities are dull, the whole air one of fatigue and languor, the back of the head is hot, the eyes dull, the pulse soft and compressible, the sphincters relaxed—a *Gel-semium* picture. Yet in this state there may be, along with dizziness, a fear of falling, so that the child starts and grasps nurse or crib, and screams out from fear of falling. (V. Hering's "*Guiding Symptoms*.") Here is a similar symptom, but with different surroundings, a paralytic state, not so acute, or irritative as in the Borax subject. Again, there may have been recent severe, epileptiform convulsions, and the face is decidedly

bluish, the eyes crossed, spasmodic efforts in swallowing, distension of abdomen, with severe cramps in muscles of belly and lower extremities; difficult breathing, and coldness instead of fever—a *Cuprum* picture. In this state, owing to the general state of fear or fright that is common to *Cuprum* subjects, the child is afraid of strangers and “afraid of falling, clinging tightly to nurse, won’t stay in bed but in lap; is conscious, knows people; tongue darting back and forth with great rapidity, like a snake’s.” (*Guiding Symptoms*). This sort of fear is found in eruptive fevers whose eruption does not come out, and during dentition.

Then there are other instances of “fear of falling,” that do not always call for Borax. There is a feeling of fear to start out into the street, lest one fall down from mere nervous weakness, with hysterical tendencies, easy weeping, and a history of ovarian irritation, perhaps with sterility, perhaps with over-bearing. *Pulsatilla* has relieved such cases, with the accompanying fear. Again, there is a state of fulness of the head, with uncertainty of vision, and unsteady walking, with fear of falling from fear of sudden vertigo. This is relieved by *Nux Moschata*, and is easily distinguished from the similar symptom of Borax, by the consideration that the fear is not so much of the *passive* motion of being let down, which distinguishes Borax, as the fear of staggering, and so falling.

Alumina and *Zincum* have each a state of sensorium similar to this Borax dread of downward motion, but in each case it accompanies a deeper-seated pathological condition than that of Borax. *Alumina* and *Zincum* have much in common, as well as a general resemblance to Borax, but the mucous dryness, constipation, appetite for indigestibles, will mark *Alumina*, while the fidgety feet, and greater paralytic tendencies, will distinguish *Zincum*. Both *Alumina* and *Zincum* have very marked aggravation from wine or any alcoholic drink. The stomach symptoms of Borax are worse from wine, but the head symptoms are better, unless too much is taken. *Stramonium*, *Coca*, *Nux Vomica*, *Aconite*, and *Lilium Tigrinum* also have fear of falling, but their symptoms otherwise are so very different, that there is little if any fear of confounding them with Borax.

The symptom of “eructations caused by pressure on painful spots” is apparently unique, except in the proving of *Atropinum sul.*, which developed a tenderness of the spine, pressure upon which caused nausea, eructations, and belching. *Lac Caninum*

has pain in breasts from cessation of milk, but not, as in Borax, a *contractive* pain of *one* breast, while nursing the other. *Lilium Tigrinum* has cramp in one breast, but it is from fulness, not from emptiness. The wrinkled palate, with sensitiveness, seems to be unique with Borax, as also the mouldy taste and smell to the expectoration, unless the musty odor from the mouth, in *Alumina*, proves to be a competitor, Borax, as might be expected from another important symptom, the GROWING-IN OF THE EYE-LASHES, is NOT a specific in *trichiasis*; in fact, has no perceptible effect upon it, and the in-growing of the eye-lashes must be considered an erroneous insertion into the provings.

A PECULIAR SYMPTOM.—RHUS TOX.

S. A. JACKSON, M. D., JAMAICA PLAINS, MASS.

Dear Doctor:—Last winter I had a case of rheumatism in an elderly lady who lived about 20 miles from Boston. She was unable to do any work and was in constant pain, with a good deal of swelling in both legs. One day a friend telephoned me about her, and something said led me to give *Rhus Toxicodendron*, which was sent by next mail, the 200th potency, to be taken in water, a teaspoonful every two hours. After the second dose she had a sensation as *though a pair of tweezers were plunged into the left thigh, turned around and then pulled out bringing up a nerve, which was let go of just before coming out.* This sensation was felt after each dose, so the medicine was stopped, and she went on to recovery.

Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.

SERVICE OF DR. JULIA C. LOOS.

Mrs. A. L. ———, 56 years old, (German), 403 F. ave.

June 19.

Has had bad cold for the past three weeks.

Cough comes from deep in chest; ("cough medicine").

Pains in throat, goes to both sides.

<in day.

<in house.

Expectoration slimy, clear, chokes her none past two days.

Involuntary urination, burning.

Weak.

Feverish, hot and cold, more hot than cold.

Retching to vomit, ineffectual, two or three days without cough.

Throat trouble past seven years, since had diphtheria, local treatment.

Quinsy two or three years.

Appetite poor.

Thirsty, cold water.

Bry.^{10m.} 4 hrs.

June 21.

Feels >, improved first night, worse again last night.

Eruption, large red blotches on neck and behind ears, comes and goes suddenly, from excitement, from over-heating, washing clothes.

Uterus, "growth" removed twenty-one years ago; "water in it" ten years ago.

Ear, sight, noise, buzzing, stitching pains.

Appetite none, food tastes salty.

S. L. Drinks much water.

July 1.

>last week.

<this week.

Hearing< by coughing, wheezing in head.
Cough, short, sometimes chokes with it at night.

<day?

Wakens her four or five times at night after 12 p. m.

Expectoraton at night.

Involuntary urination.

Causticum^{60m}. 6 hrs.

July 10.

Cough>, expectoration yellow, <morning.

Sleeps all night.

Hearing has been>; but< past two days.

Epigastrium, sense of weight.

>drinking hot water.

Felt this three weeks ago; left her and has now returned.

Thirst, drinks little at night, none in day time.

S. L. 12.

July 17.

Cough< few days ago.

Pain in "breast," holds hands to breast.

>now.

Perspiration for four nights after last here.

Fingers cold.

Cold in mornings.

>yesterday and to-day.

Bowels, constipation four days, ineffectual urging, burning about anus after stool.

S. L. 6.

July 22.

Great deal>.

Right "breast" burns, stings for two days, after last visit.

<coughing.

Cough slight; has been drinking two cups*coffee a day.

Bowels normal.

Ears, slight stitching pains occasionally.

S. L. 6.

July 31.

Much>; cough none at night; little in day.

Aug. 14.

Struck left hip against table last week; pains on rising

when he stoops.

Feels hot.

<deep inspiration; standing up.

<motion.

>clothes off.

Cough, past two days, full feeling, no expectoration.

Arn.^{1m.} 12.

Aug. 21.

Left hip pains badly yet; pain extends up to ribs and shoulders.

<lying on it; sticking, burning.

>lying on back.

<lying right side; draws.

Sensitive to pressure.

Not so painful now when coughing and drawing deep breath.

Injury same place sixteen years ago with nail; burning left hypochondrium since.

Sleeps well; awakens some times on turning.

S. L. Cough>; throat full, expectoration only in morning.

Sept. 6.

1896.

Feels well except pain in side.

Jan. 17.

(house)

Fell few days ago, stumbled in cellar, striking left side, bruising hip, head, elbow.

Has recovered pretty well from bruises except elbow.

Left arm below elbow skin rubbed off, scab formed, looks in good condition.

Burning intense "way to the bone."

<night; <covering; must put arms outside bed clothes.

Restless.

Left hand second and third fingers swollen and painful in December; used iodine.

Has been constantly improving since last visit; throat much>.

Causticum^{60m.}

Jan. 20.

Arm pain; >next day; feels more tired today (washing).
Left eye swollen on 18th, almost closed in morning.
Lachrymation, burning on cheek.

Jan. 29.

Arm and hand painful when washing; water< makes it cold and burning alternately.
Urination has been frequent at night, less so now.
Burning during passage.
Before, urging, pressing.
Passes little at a time.
Left side abdomen burning at times, "where doctor said she had water years ago."
Pains now only on turning.
Neck, red splotches used to have not so frequent.
Feels much> in every way than did before first visit.

Causticum is seldom indicated, as shown by the study of the nature of the remedy in acute cases, but often in acute manifestations of a chronic condition. Not infrequently it is indicated in coughs attending severs "colds," when some other remedy better suits the full chronic condition. Such a case this was supposed to be when the remedy was first prescribed.

Involuntary urination with cough is a peculiarity which usually brings to mind Causticum, though other remedies have it and among them *Bryonia*. Hence as this patient reported "cough< day time," and "warm rather than cold," the last named remedy seemed better suited. The improvement following its administration, so slight and short acting, proved it only similar enough to palliate, and going over the symptoms again, we found the peculiar nature of the cough and an aggravation at night, though not directly so stated, and the symptoms belonging to both Causticum and *Bryonia*, where *Bryonia* had failed pointed to Causticum and with assurance gave the remedy, expecting the patient to return afterward for treatment for the chronic condition of the throat. The progress warranted the remedy, though the peculiar intermittent nature of progress seemed odd. One day<, the next day>, and so on. As soon as the use of coffee was stopped, however, the interrupted action of the remedy went on, beyond expectation. The throat continued to improve so that no additional remedy was called for, and whereas she

had been having local applications before she felt the throat far better.

The further study of the case, shows the nature of *Causticum* all through the complaints, internal burning and cough returning every now and then. Burning in the breast, at the anus, on urinating, and after the bruises. The tardy recovery from the injury reported on Aug. 14th, and the nature of the symptoms, shows that *Causticum* instead of *Arnica* would have been more efficacious even as later after a fall the *Causticum* pain and burning came out after the bruising was gone. From the very beginning, all complaints of this patient, that were reported at all, fall into order as in the provings of the remedy and demonstrate the depths of action which the remedy controls. The whole condition of the woman is so changed, she feels so much better in every way that her faith would need some great shock to disturb it. It was through the improvement in her own case that she afterward sent many of the family to the dispensary for long standing ailments.

SERVICE OF DR. GEO. M. COOPER.

H. D., 8 years old, 1727 G. St.

1895.

Aug. 7.

A very delicate child; face pale; dark hair and eyes.

Nocturnal enuresis since born.

The urine is passed in the first sleep.

Urine pale, scarcely stains the linen.

The condition is aggravated when he catches cold.

Urination: frequent during the daytime.

Sleep: restless.

Child is very sensitive to the cold air; he likes to be outdoor, but always runs for the stove when he comes into the house. Takes cold easily.

Is more likely to watch the other boys play than to play himself.

Eyes become inflamed whenever he catches cold.

"granular lids" a year ago, treated by salve.

Causticum^{60m}

Aug. 14.

Wet the bed three nights following the last prescription, but none since.

S. L.

Aug. 29.

Has not wet the bed since.

S. L.

Sept. 9.

Has only wet the bed once since reported.

Eyes look something like they did when he had "granular lids."

S. L.

Sept. 16.

"Only once."

S. L.

Eyes all right.

Sept. 24.

Has not wet the bed all week.

S. L.

Oct. 4.

Wet the bed every day this week.

<early morning hours.

Causticum^{60m}

Oct. 31.

Has not wet bed for some time.

S. L.

1896.

Feb. 12.

Mother reports that child rarely wets the bed now.

The guiding symptom in the above case is that the urine is passed in the first sleep, and this immediately suggests *Causticum* and *Sepia*, which have to be studied individually and compared with each other to see if either of the two fit the case in all its particulars; to see whether the child is a *Causticum* child or one belonging to the *Sepia* family. A study of the child's appearance in this case shows *Causticum*; he is pale, sickly looking, delicate, with dark hair and eyes, and the fact that he don't play as much as the other boys do, shows that he soon tires out. In contrast with this is the active *Sepia* child with a yellow puffed, earthly-looking face. Nothing is more characteristic in the case than this general aspect of the child; it becomes of prime importance in a case thus devoid of many symptoms.

SERVICE OF DR. F. E. GLADWIN.

John S., age 45 years, 427 N. St.

1894.

Jan. 16.

Pain in legs and arms.

Soreness in knees and shoulders.

<sitting

Bad taste.

Mouth dry in the morning.

Drowsy.

Restless at night.

Headache, heavy.

Cough for three or four days.

One day loose and then tight.

<going into cold air.

<evening.

<morning.

>drink of cold.

Soreness in diaphragm and chest when coughing.

Sweats easily upon face.

Chilled easily, goes near stove and then is too warm.

Must keep moving around.

Causticum^{60m}

Feb. 1.

Headache across vertex, heavy feeling.

Sour taste.

Feb. 22.

"Hasn't felt so well for many a day."

This is one of those cases in which the acute and chronic condition call for the same remedy. The one dose after clearing up the acute went to work on the aggravation of the chronic which followed and cleared up the whole case.

Institutes of Medicine.

HEART TROUBLE—CURED.

A call at my office lately was made
 By a fair young man in his search for aid,
 For a pain in his heart gave him distress
 And even his breathing seem'd to oppress.
 With many a sigh he told of his grief,
 And asked for his heart some little relief;
 He feared not to die, yet willing to live,
 Not wishing his mother trouble to give.
 I found his affections met with a blight,
 Leaving him cast in the shadows of night.
 Some diversion of thoughts would be the best,
 Taking his trouble away from his chest,
 And save, if I could, his poor broken heart,
 Winning respect for the medical art;
 So gave him three drops of pure croton oil,
 (Not doubting that later his stomach would boil),
 To cause in his brain some thoughts to arise,
 Blighting the vision of love's beaming eyes.
 Coming some later, he told of the waste
 That often required some moments of haste.
 His heart beats more even, he stopp'd not to sigh,
 Now anxious to live and wish'd not to die.
 He talked of the day, its pure bracing air,
 Prospects in future he doubtless would share;
 And not of his love once ventured to speak,
 And cared not her presence even to seek.
 Theories sometimes may render us aid,
 And sometimes discoveries by them are made;
 If favor'd results shall proof to us give,
 Leading to something deserving to live,
 Then note them down, to be used as a part
 Of means to repair a poor broken heart.

Ft. Wayne, Ind.

G. W. BOWEN, M. D.

PROMPT CURES.

BY W. A. YINGLING, M. D., EMPORIA, KANSAS.

Nux Vomica. Mrs. R., aged 42, dark. In her seventh pregnancy.

Nov. 11, 1895. Extreme constipation. *Rectum very sore as*

if raw. The trouble seems to be all in the rectum, or at least she complains mostly of the "*soreness inside of the anus.*" *Constant urging to stool,* or a continual pressure, without "doing anything." Pains in lower abdomen. Seven months pregnant. Fears the trouble will bring on a miscarriage. Irritable and more or less cross.

Nux Vomica^{cm} (H. S.), one dose.

Prompt relief with daily stool, and she feels so thankful for the decided help given.

Ratanhia. The same patient.

Dec. 15, 1895. About eight months *pregnant.* Severe tooth-ache, *worse at night,* must get up and walk about; *worse when lying down at night.* Makes her very nervous and anxious. A very active pain, but unable to give the real character of it.

Ratanhia^{10m}. (F.), three doses two hours apart till relieved.

Two doses gave entire relief with no return. Felt some relief soon after the first dose, but took the second to make sure. Herein is the danger of giving more than one dose to a patient, yet I apprehend no trouble in such a case from two or three doses of a comparatively low potency.

Cuprum met. The same patient.

Jan. 9, 1896. The same patient was delivered of a fine girl baby today without trouble, though a slow labor owing to the "breaking of the water" about five o'clock in the morning. Some one rapped very loudly and boisterously at the front door to call up the husband to go to his store. The sudden noise caused her to start up quickly in alarm which caused the water to break. There were *very slight* bearing down pains during the day, but I thought it best not to interfere for some hours as everything was all right. On calling at two o'clock I found everything all right, but very little progress. Infrequent and very light pains. Crying easily. Wants the room cool and desires fresh air.

At four o'clock there being but little progress and the pains about ceasing, with the above symptoms marked, I gave a dose of *Pulsatilla*^{cm} (H. S.). At six o'clock the child was born without trouble or injury, and without instrumental aid.

The next day she had most excruciating *afterpains,* coming in frequent paroxysms and lasting for a half hour or more. I never saw such suffering from afterpains as in this case, but assured her the homœopathically indicated remedy would give prompt

relief. When asked to describe the pains she said, "Oh! such *cramps!* cramps all through my womb and hips and so much *worse in my legs.* They nearly take my life. I can't live longer than till to-morrow." These *cramping afterpains* were usual in previous parturitions and lasted for three days, each time nearly killing her.

Cuprum met.^{cm} (F.), one dose.

Some minutes after taking the small powder there was a slight pain, but not near so severe; she said she could endure such pains easily. After that there was another still lighter pain and then no more. The women have just cause to bless pure Homœopathy.

Arsenicum Hydrogenisatum. James R., aged 44, dark.

Dec. 15, 1895. Great *soreness and pain in the ball of the second toe* of the left foot; very painful when stepping on it. The *toe painful when touched*, much worse underneath at the ball and joint. Some puffiness and painful tenderness on top right over the ball. Favors the foot in walking. Has been coming on a couple of weeks. Cannot remember to have injured the foot. Otherwise seems well. He is a merchant and is on his feet much, walking on the hard floor.

Ars. hydrogen.^{cm} (S.), three doses twelve hours apart. No application to the foot and no orders for rest or other precaution. Gradual improvement and in three or four days the trouble was gone. No return to date.

Pyrogen. J. A. W., aged 61. An old soldier full of rheumatic aches and pains; complaining much.

April 7, 1895. Rode twenty-two miles in a big wind storm, chilling and disagreeable, on the 5th. Taken to bed at once.

Hot and cold flashes, worse moving about. *Aching and sore all over. Bones ache. Very restless and nervous.* Impatient. *Head feels big*, full, and aches all through head and down neck; worse coughing. Nasal discharge fluent and thin. *Lungs sore and painful*; worse coughing. Coughs considerable, some little expectoration; worse at night.

Pulse 84. Bowels not moved since the 4th. Urine scant. Chilly when moving. When first taken sick, and when riding in the storm, his *toe nails felt as if they were flying off*, first one and then another. This feeling was very marked and disagreeable.

Pyrogen.^{cm} (S.), three doses, two hours apart.

Within twelve hours the pains were all gone and he had a good night's rest. Sat up the next morning feeling "better and freer from pain than in four months." A very rapid and prompt cure.

Ceanothus. Glen W., aged 14; dark.

March 24, 1894. *Dull aching pain in the region of the spleen, with slight stitching and throbbing;* always much worse in the morning. But very little trouble toward evening. Bothers him a great deal and makes him fretful and cross. A course country boy.

*Ceanothus*¹⁰⁰ (my own potency), three powders, one each day till better.

March 29. Better after one powder, but took all three, and now does not feel any of the pain at all. "Medicine worked like a charm, and thank you," etc., the mother reported. No return so far.

This same boy had the ague about one year ago, and was cured with two doses of *Chin. sulf.*^{cm} (F.). The second dose was given only on the return of a slight chill a week after the first. No more ague. I have known of but two cases of ague in the extreme western part of Kansas, both *Chin. sulf.* cases; the remedy being selected very carefully because so very unusual. One case cured with one dose, this one with two.

Ammonia Mur. W. S. F., aged 55. An old soldier; dark.

April 13, 1893. Dead aching commencing in the *left heel* and going up to *hip and back*, worse from motion and walking; *better from rest and in the morning. Scarcely any pain in the morning.* Much worse by evening, especially after walking during the day. *Must pinch and kneed muscles* to get relief after exercise. Complaints of the *tendons* under the knee hurting, with a sensation as if a lump was there.

Ammonia mur.^{45m} (F.), three doses.

A very prompt cure and no return.

Pulsatilla and Agaricus. W. S. F. Same as above.

January 10, 1896.—Has swelling and soreness and acute pain in the *upper part* of external right ear. The ear is large, dark red and covered with a big scab. He has applied some kind of ointment which has done no good, but caused the scab to form. Did not injure the ear in any way, and it was never frozen. No other symptoms.

Pulsatilla^{31m} (F.)

In a couple days the ear was about well, clear of the scab, no

swelling nor pain, and gave every indication of a prompt and efficient cure.

January 18.—He returns with the same ear, but with a different trouble. The upper part of the ear is well. The *lower part* is now some *swollen, burns and tingles and looks very much like a frostbitten ear*. He has not been exposed to the cold, (no freezing weather during the time,) and says the ear was never frozen.

Agaricus musc.^{cm} (F.)

A very prompt cure followed and no further trouble to date.

Belladonna. Baby K., aged 4 months.

Nov. 2, 1895.—Was at first a very fat baby, fair and plump. It is now thin and scrawny. Has been for two or three weeks having bowel complaint, diarrhœa. Uncertain as to character.

For several days has been having *pains in the bowels; pain very sudden*; draws up the feet and throws back the head. Eyes turned up. Continually crying and fretting. *Head hot*. Spasmodic condition, drawing head and heels nearly together backward at times. *Screams suddenly* in sleep the past few days.

Has been under Old School treatment; has taken much opium in large doses of laudanum and paragoric, and other drastic drugs. The doctors, two of them, have given up the babe to die and say nothing can possibly save it. They advise chloroform to be administered "*till the child passes away*, as it must die."

Happening to be in the town where the family reside, to see a couple other patients, and the parents hearing that I was there, sent for me merely to satisfy their own longing to do all within their power to save their only child. I found the babe in the condition above given lying on the mother's lap, and the father standing over it with a regular chloroform bottle in one hand and a handkerchief in the other diligently trying to—shall I say, kill the child? The child was screaming, fretting and fighting. The father said the chloroform did no good and would not quiet the babe. I ordered him to put away the chloroform and the mother to allow the child to act as it pleased. Being a very vivid case I very soon put on its tongue *Belladonna*^{cm} (H. S.), one dose.

In *just five minutes*, by the watch, the baby was soundly sleeping and slept sweetly for four hours, awaking ready for its food. As soon as the child dropped to sleep so easily and quickly every one in the room looked the astonishment they felt, first at

the baby and then the new doctor. It is needless to say that the doctor looked as matter-of-fact and nonchalant as his ecstasy permitted him, for here was a vivid picture of the power of pure Homœopathy. I was then promptly asked, "Doctor, did you give it morphine?" "No, indeed," I replied, "a homœopathic physician has no need of morphine."

Nov. 3.—Generally better. No more spasms nor pain. A *good* night's rest and sleep for all the family. Still quite weak. Works it's tongue all the time. Cannot nurse well, yet its mouth is not sore. Colicky at times since 3:00 a. m. Bowels moved naturally, the first in some time. Looks much brighter. Some sweat about back of head and neck during sleep. Cold hands and feet. Always a real colicky baby.

No medicine.

Nov. 4.—Colic seems to be all the matter now. *Draws up it's feet and cries; better from pressure on the abdomen.* Cries so much of the time from colic that I was telegraphed to come at once.

I refused to give any medicine until I could see the child in one of it's crying spells. Went to bed with orders to be called if needed. The call came about 3:00 A. M.

Colocynthis^{31m} (F.), one dose.

In just six minutes by the watch the baby was asleep and slept well the rest of the night.

Nov. 5.—Takes food greedily and seems bright and well this morning. The quick action of both these prescriptions was a marvel to the people and made good homœopathic families by the dozen in the community. Left a couple powders of *Colocynthis*^{31m} (F.), to be taken only in case of need.

Nov. 6.—Had a good night's rest and no colic. *Back of the head and neck sweats a great deal, wetting the pillow,* and the parents think it weakens the baby. Except the weakness and the sweating it seems about well; is cheerful and laughs to the delight of the happy family. Was at first a *plump and fat* baby.

Calc. carb.^{mm} (F.), one dose.

Nov. 7.—Doing finely. Eats and sleeps well.

Nov. 20.—"Fat and flourishing and doing as well as any baby," is the report from the father.

The child took the *Colocynth* for a couple light spells of colic, but it did not seem to interfere with the action of the *Calc. carb.*

The "regulars" did some "pretty tall talking" when I was first called in, but they were put to flight by a very palpable demon-

stration of the superiority of Homœopathy. When hearing how quickly the child had been put to sleep they said *I had killed it (sic)* by a strong dose of morphine. When they saw the child out for an airing in several days, then the relief was only temporary and the child would soon droop and die. They did not have the gumption to keep silent. Now they are "real mad" at the parents for *allowing* their baby to be cured by a despised homœopath. Their actions seem to indicate that they would rather have sacrificed the child than have the efficacy of Homœopathy demonstrated. The case has "stirred" the neighborhood for many miles around, and has brought me in many extra dollars. *It pays in dollars and cents to trust the only law of cure.*

EXPERIENCE WITH TUBERCULINUM.

I. DEVER, M. D. CLINTON, N. Y.

March 19, 1894.—I was requested by Mr. W. to call and see his wife, who he stated had been sick for three days and he thought was 'threatened with pneumonia.' My first call revealed the following conditions: She had not been feeling well for some time, but three days since she was taken with a hard chill, which lasted about a half hour, when fever supervened, and had continued right along to the time of my first call with but little, if any, intermission.

She was a slightly-built woman, who never weighed over one hundred pounds at best. She was the mother of five children, the youngest of which was only three months old. She appeared as one greatly over-worked. Her family history was bad—her father, mother, one brother and two sisters had died of consumption.

At the time of my visit—9:30 A. M.—I found her pulse 140, respiration 35, and temperature 105; tongue coated a dirty yellow. She coughed continuously. Expectoration slight, of a tough frothy mucus, streaked with blood. A physical examination revealed a moist rattle throughout the entire chest.

Her cheeks were crimson; a white zone surrounded the mouth and nose, on which great drops of perspiration stood out like beads. The wings of her nose were in constant motion. Her urine was high colored, with an offensive odor. I thought I saw the remedy, and prescribed *Lycopodium*²⁰⁰, one dose.

Called on the morning of the 20th, about 9:30 a. m. No change

for the better. I made no change. On the morning of the 21st, the sister, who had assumed the role of nurse, informed me that my patient was much worse, as she had been taken with a diarrhœa, which was debiliating her very rapidly; and would soon bring her to death's door if not checked.

The diarrhœa presented the following conditions: Sharp pain in the abdomen preceding the discharge, which was watery and profuse. The pain ceases when sitting down for evacuation, but the evacuation is followed by great exhaustion.

See reports of Central New York Homœopathic Society in February number of the *Advance*, (1895). I gave one dose of *Tuberculinum* out of the preparation with which Dr. Straten made his proving. Swan's^{cm}.

March 22d. No change for the better, except she had not been troubled with the diarrhœa so often and the discharge did not exhaust her quite so much. No medicine.

March 23d. Some better. No medicine.

March 24th. Still better, and no medicine.

I continued to see my patient every day for six weeks, but all the time looked well to the purity of my sugar of milk, of which I freely gave her, until I discharged her.

She grew stronger from day to day, until, about the first of July, she resumed the charge of her household duties, and has cared for a family of five children, herself, husband, and mother-in-law, besides she has done sewing for her neighbors.

I was called to see one of the children a short time since, when she said, "Doctor, your medicine put more iron into me than I have had since I was a young girl."

I want to say that this is the beauty and truth of Homœopathy; the indicated remedy will always put iron into the blood.

Now, this may be called a "bull's-eye-shot," though my first shot was one too often made by us all, when we only think we see the mark, and fire, hit or miss.

INCIPIENT PHTHISIS.

D. C. M'LAREN, M. D., OTTAWA, CANADA.

A young French-Canadian of delicate constitution, after working in a factory all winter, began coughing in the spring and running down in health. He returned home about the end of May and came under my treatment. The cough proved stubborn and prostration was so rapid that he soon took to his bed

in spite of carefully-selected remedies. After going to bed I learned a peculiarity which had hitherto escaped notice: there was relief from the cough and a general feeling of comfort from lying on the face. This, coupled with the fact already known to me that there was syphilitic taint in the boy's parentage, led me to give *Medorrhinum*. The next day I was sent for in haste, but could get no satisfaction from the messenger as to what was the matter. On arrival the patient asked me to close his bedroom door, and then removing the bedclothes disclosed to view a profuse gonorrhœa. The cough and all threatening symptoms disappeared promptly, and the gonorrhœa in turn yielded to remedies in the course of two or three weeks. In this case the exposure to contagion had taken place three or four weeks previously, but owing to deficient vitality the disease could not find its usual expression, and consequently was endangering the patient's life.

A CONCEALED DIAGNOSIS.

R. M. BARROWS, M. D.

Prof. of Diseases of Children, Dunham Medical College, Chicago.

While as practitioners in our school of medicine it is not a *sine que non* to successful treatment to give a name to every so-called disease we have to treat, yet there is an inner satisfaction in being able to correctly diagnose a case, and it certainly gives a physician a more powerful hold over his families to say just the kind of malady present. Besides there is a duty we owe to the community in early diagnosing contagious diseases and by isolating a patient be able perhaps to thus stamp out a dangerous epidemic. Sometimes the early diagnosis of disease seems impossible, its true nature being masked under symptoms which might point to several affections. Such a case is the one I am about to relate which occurred recently in my practice. I give it for two reasons, first: that it may stimulate us to study maladies from their pathological side, so carefully that even an obscure manifestation of them may lead us early to their correct diagnosis; and second: I give it as it beautifully illustrates our perfect law of cure which impresses itself daily more and more profoundly on myself as I try to follow the principle laid down in Hahnemann's *Organon*.

CASE:—E. H., a boy 4 years of age, with previous health record good, vigorous, parents healthy, was brought to my office

by his mother Jan. 29, who reported he had not been feeling well for several days, but had been worse for two days previous, when severe symptoms set in. They began with severe chill and high fever. Next morning he was some better, in fact was dressed and about the house. His fever came up towards evening again, but his appetite was good and she thought he would be better in the morning; but not reacting as she thought he ought she brought him over for me to see. He looked pale and his quick pulse told me fever was present. Temperature per axilla 103° F.; had some cough. A measles epidemic prevailing suggested this as a very probable explanation of his symptoms. I told her it was probably measles and if it was, the rash would appear the following day. I prescribed *Bryonia*^{1m} one dose, and then *Sac. lac.*, and told her to keep him in bed and I would see him in the morning.

Jan. 30.—Found patient had spent a restless night. Temperature had gone up to 105 in the night. Now it registered 103 F. His face was flushed, had spent a restless night, moaning in sleep, had awakened crying several times, also had epistaxis, vomiting and diarrhœa. No sign of rash. Gave *Belladonna*^{40m} two doses, half hour apart, and then *Sac. lac.*

Jan 31.—Found child down stairs dressed and running about. Temp. 100 F. His mother said the medicine had quieted him down and he had slept several hours, had passed a better night, but stomach still upset and vomited once, no appetite, food produced nausea, noticed some swelling on the right side of his face and neck, but no pain on pressing glands or swelling. Left two powders of *Ipec.*^{1m}, one to be given at once and the second by evening if the stomach symptoms did not clear up. Told them to keep him quiet and report on the morrow if no better.

Feb. 1.—The father reported at my office saying baby had passed a restless night, had awakened several times and cried bitterly and complained of pain as they supposed in stomach as bowels were loose. His nose had bled twice, and his fever had come up some. I told him his symptoms were a little obscure, but the continued fever, nose-bleed, diarrhœa pointed to a run of fever, possibly typhoid. I asked if there was any sore throat. He said no—although his breath was bad and tongue looked foul. I prescribed *Aloes*^{30x} for the bowel symptoms and said if no better to send and I would call the next day.

Feb. 3.—I was summoned in p. m. I went with the feeling I

had not found, as yet, the true cause of the difficulty. The persistent nose-bleed was a puzzler and I felt I must find out in some way the cause of it. As before I found my little patient dressed and running about. He looked a little pale, the swelling had subsided in part, vomiting and bowels had improved, but had spent a somewhat restless night, awaking as before with crying. Had had one or two attacks of nose-bleed. His temperature was 101 1-5 F. His breath was bad and his tongue heavily coated. I pressed his glands and he complained of no pain, he also swallowed water with no seeming discomfort. I called for a spoon and got a good look at his throat. The sight which met my eyes was a great relief in one sense, for my diagnosis was certain. A white or grayish patch covered his right tonsil, the parts were œdematous and red, this with the odor and previous history declared itself to be a case of diphtheria. The epistaxis, swelling of the glands, fever, etc., were explained at once to my mind. The first lodgment of the poison was in the nasal passages, hence the epistaxis and the frequent crying spells, from pain in these parts. Having never had a case before beginning primarily in the nose made the symptoms of the case very obscure, also there being no case of diphtheria in our neighborhood. I had the case immediately isolated and on studying the symptoms carefully was led to prescribe *Apis* principally from the following: No pain on swallowing—the creapy nature of the attack, nose stopped up, urine suppressed, epistaxis, the right side attacked, the swelling of the glands on the right side. I therefore gave one powder, dry on the tongue of *Apis*^{52m} and then *Sac lac*.

Feb. 4.—Passed a better night. No epistaxis. Temp. 100, patch in throat no larger, urine passed freely, appetite better. *Sac lac*.

Feb. 5.—Not quite so good a night, crying several times, croupy cough now and then and voice weak, membrane less, lips and nose sore with one spell of bleeding. Temp. 99. *Sac lac*. 4:00 P. M.—Temp. 100, croupy cough, voice husky, very fretful, crying after taking liquids. He would pick his sore lips, also bore his nose, sore spot in mouth, acrid, bloody mucous from nose. *Arum triphyllum*^{cm}. one powder, dry on tongue. *Sac lac*. hourly. The improvement was marked. The powder was given at 4:00 P. M. At 6:00 o'clock he ate his supper and drank his

milk with no discomfort. His mother said he acted like another boy.

Feb. 6.—Passed a good night. No crying spells, no picking at lips or boring nose. No trouble in swallowing liquids. Temp. 98½, tongue cleaner, appetite improved.

Feb. 7.—Better. *Sac lac*.

Feb. 8.—Temperature variable, 99 3-5 early in the morning, and normal at 10:00 o'clock. Some pain in mouth. He would put his finger in mouth and then cry as if there was a sore spot. *Arum tr.*^{cm.} one powder on tongue, then *Sac lac*. This speedily cleared up the case, the child making an uninterrupted recovery.

DRUG MIASMS.

Dear Doctor Sawyer:—If you are busy now just lay this down till you have more time, as the matter is not important. I just wish to tell you how the little seed you dropped at our Goshen meeting has grown to bearing fruit. Early last August Mr. S., aged 72 years, received an injury to his right hip joint, twisted or wrenched it badly, causing much pain. I attended, gave *Rhus*^{10m}, *Arnica*²⁰⁰, *Symphitum*, *Ruta*, *Xanthox.*, and one or two other remedies, but none did him any good. Finally, after two or three weeks, he developed a malarial fever, as we term it. Chill first at regular periods, alternate days, then at irregular times; daily or not so often, but all the time fever, which fluctuated between 101° and 104½°, till finally *Gelsemium*⁸⁰ followed by *Natrum mur.*²⁰⁰ "broke" the fever, but did no more for him. All this time the affected limb was very painful. I prescribed as carefully as possible *for me*, but aside from a trifle gain in flesh and appetite, he was not improved. His nights were very painful and days not much better, and since his fever left, his temperature was sub-normal—97° and pulse at 42 per minute. *Digitalis*^m and 200 did no good; neither did several other remedies, till I went back some sixty years and followed him down to twenty years ago. His report was: "Always well; had the ague for a great many years, but '*Bark*' and later *Quinine* always knocked it. Late years haven't had the ague nor any fever." This was the substance of his story. I (the drowning man) caught at the straw and gave just one dose of *Chin. sulph.* marked on cork C.M., whatever that may mean. Then his temperature was 97 scant. Visited him in three days. "How do you feel?" "Better."

Temperature 103°! Still he was *not conscious* of having fever! No medicine. Three days later. How are you?" "Better." Temperature 97¾°! No medicine. Four days later. Better all around. Can walk with crutches. Temperature 97½° Took *Chin. sulph.*^{cm}, one dose. Three days later temperature 99½°. No medicine. One week later temperature 98½°, and the old man is doing finely. Scarcely any pain and he is planning a visit to Illinois in the spring. It was *very* interesting to watch the pendulum swing and finally come to rest at normal. It was pleasing, also, to see his pains improve rapidly under the remedy, and noteworthy that he was not conscious of having fever while his temperature was at 103°. Two cases—hard ones—have improved nicely under *Medorrhinum*^{cm}, although the discharge from an old suppressed gonorrhœa *was not* reproduced.

Business: I have a case of *Locomotor ataxia* that I have been at for many years, barely holding it steady or at times improving for a year or two, that I wish you to see. He will come to you and as he is an intelligent man and knows what his principal medicines have been, I think it will not be necessary for me to accompany him. He will tell you that the *stuff* that has done him the most good is a trituration of spinal marrow—bovine—one grain in 4 oz. *Sacch. lac.* I made a trituration up to an ounce or so and sent it to Halsey's, who made four ounces from it. Figure out the degree of potency yourself—1 grain to 1920. A "nutrition remedy," you see.

When he comes give him plenty of time and let's see if he can't be brought around again.

Very truly yours,

A. L. FISHER.

Elkhart, Ind.

"KEATING'S INSECT POWDER.—CURED BY ITSELF."

THOMAS SKINNER, M. D., LONDON, ENG.

On the 24th of January last, I was consulted by a lady patient, who, I thought had long ceased to require my services.

She had rented a comparatively new house, which was infested with cock-roaches—and having been advised to try "Keating's Insect powder," she invested in a bottle of it and a bellows to blow it under the skirting-boards and other haunts of the pests.

When Mrs. ——— consulted me she never dreamt that a powder which was destructive to insect life could have any bad effect

upon the higher animals, of which she is not a bad specimen, consequently, I was in the dark at our first consultation.

She informed me that as she thought she was suffering from a threatened abscess in her left nostril, she had taken *Hepar*³⁰ every two hours, *without relief*—on that account she came to me. —*Status præsens.* The whole of the lower face was very much swollen, giving her, (a very good-looking widow), the appearance of a seal,—so her daughters said, and they were not far wrong. The left nostril was completely obstructed by a bright red swelling, resembling a large boil accompanied by an intense *burning, stinging* pain, which extended more or less to the right nostril and the swollen parts. It reminded one of the appearance of “the blues” in puppy dogs, after amusing themselves chasing bees or wasps and harrowing their nests.

In my then ignorance of the real cause I had no hesitation in prescribing *Apis*^{1m} (F. C.), every two hours.

January 27th I received a visit from Mrs. A., when she told me she was “not a bit better,” and she felt sure that she must have inhaled some of “Keating’s Insect Powder” when using it to destroy cock-roaches.

As I happened to have a Tr. made from the French “Insecticid Vicat” I ran it up to the 30th Centesimal and gave a dose there and then, and to repeat it every two hours, dry on the tongue.

Next morning I received the following letter: “Dear Dr. Skinner, very best thanks for the medicine *which acted wonderfully.* *Apis* and *Hepar* did not do me the least bit of good, but *the one you gave me last, ACTED SPLENDIDLY.* I am all right again, for which I am most thankful, but I have had a *terrible nose*, and they all tell me that I looked *like a seal.* Enclosed I send you, as requested, some of the offending “Keating.”

The *burning, stinging* pain was relieved by the first dose, and it was gone before the second was due. After the third dose she fell asleep, and when she awoke, the abscess or whatever it was, had burst. The swelling rapidly subsided and Mrs. A. has been perfectly well ever since.

Remarks.—In the first place is this a case of Isopathy? * Perish the thought! It is a case of as genuine Homœopathy as it is possible to conceive of—*the most like curing the like*, but be it remembered, the cure was not effected by the crude drug

*Isopathy is derived from two Greek words *isos*, signifying equal or the same, and *pathos*, disease.

in the same quantity, but the same poisonous or irritating substance, *in an infinitesimal dose*, and the more infinitesimal, the better. It is a proving of an unknown substance in a comparatively healthy individual, and the cure was effected in the sick by an infinitesimal dose of the same substance.

There are those in the profession who believe and talk and write as if Isopathy was a possible system of therapeutics, which it certainly is not. Suppose I had given any quantity more of the *Pyrethrum roseum* in the same crude state as when first inhaled, would or could a cure or even relief have been brought about? Never! Mrs. A. would simply have gone from bad to worse. That is Isopathy pure, plain and simple, which knows nothing and never did know anything of the Dynamization of Medicines by means of Attenuation or Infinitesimal doses.

The whole of our provings and cures, our whole system of Homœopathic Therapeutics bear out this view. Take *Aconite*, *Belladonna*, *Bryonia*, *Nux Vomica*, etc. You give one of them to a comparatively healthy person, and whatever *Aconite*, *Belladonna*, etc., induces in that individual, *the same Aconite, Belladonna*, etc., cures in the sick. If those who are so ready at calling us Isopathists for using Nosodes in the cure of disease—all I have to say is that Homœopathy and Isopathy are like the two niggers, Cæsar and Pompey—who were “bery much alike, specially Pompey!”

Regarding this Insecticide powder, I offer the following remarks: Cooley, in his invaluable “*Cyclopedia of Practical Receipts*,” vol. I, page 900, 6th edition, states: “This insects destroying powder, is produced by the *Pyrethrum roseum Caucasicum*, a composite flower growing wild in the Caucasus. The central or tubular florets of the disc are alone employed, and when ground, furnish the powder of commerce.” He further states, “That this powder, though so destructive to insect life, *has no injurious effect upon man or domestic animals.*” (The italics are my own).

Bentley in his admirable “*Manual of Botany*,” 4th edition, page 583, under the Order Composite, states, “The insect powders of commerce are the powdered flower-heads of different species of this genus. Those of the *Pyrethrum carneum* and *Pyrethrum roseum*, yield *Persian Insect Powder*, but the more energetic insecticide is the *Dalmatian Insect Powder*, which is derived from the *Pyrethrum Cincraræfolium*.”

In the second place, this powder having proved itself to be a powerful irritant poison, to say the least, I think it is well deserving of a careful proving, for which purpose I send to the editor of the HAHNEMANNIAN ADVOCATE a small phial of the Tr. made from the Parisian "Insecticide-Vicat," which cured Mrs. A. and "Keating's Insect Powder," which induced her symptoms. The two powders are now conjoined in this Tr.

I send also four grafts made from this Tr., namely, 5, 30, 200 and 1m (F. C.).

Lastly, a practical deduction, or, as the Scotch sermon-spinner would say, "a practical application" may prove useful, and the practical lesson in therapeutics to be learned from this case is, in BURNING, STINGING PAINS, think on *Pyrethrum Carneum*, *Roseum*, or *Cincrariefolium*, but not to the exclusion of *Apis*, and other insect and animal poisons, such as wasps, mosquitoes, etc., and serpents.

HOMŒOPATHY "THE KING."

A correspondent of the *Review* writes: I read with special interest "Some Reflections on Medicine" in No. 35 of the *Review* and beg to offer a few remarks on the same. It is an easy thing to say "that he who shall study all systems of medicine and then combine the advantages of all, will be the ideal doctor of the future." This is quite easy to say and it sounds quite nice. But I am sure the good doctor who said it has never tried it. For I am certain, had he put his own words to the test he would have concluded his article in a more rational and practical way than he did.

I have known more than one prominent physician, talented and learned, who had put his words to the test. And at what practical conclusions did they arrive? Having studied Homœopathy, Allopathy, and the Eclectic system and having procured diplomas in each of them, they came to the conclusion that Homœopathy was "the King," and they are today the staunchest believers in and prescribers of pure Hahnemannian Homœopathy. This is grateful testimony to a priceless boon which the Almighty gave to suffering humanity. *Probatum est.*

Ophthalmology, Otology and Laryngology.

OCULAR REFLEXES.*

E. T. ALLEN, M. D., CHICAGO.

Prof. Ophthalmology, Otology and Laryngology in Dunham Medical College.

Nervous reflexes originate from irritation of nearly every organ of the human body. It would be superfluous to discuss this universally accepted fact before such an intelligence audience of physicians. So we will pass directly to the more limited subject of Ocular Reflexes with which we have to deal.

Let us first group certain well attested phenomena, and then deduct what conclusions seem most reasonable.

A cinder imbedded in the cornea causes the lachrymal gland to pour forth an excessive flow of tears. This is a direct corneal reflex. An injury of one eye awakens a so-called "sympathetic" inflammation in the other, and the removal of the wounded eye is followed by the immediate disappearance of the irritation in its fellow. This is a direct ciliary reflex.

A hypermetropia causes headache, and an astigmatism frontal headache. These are direct refractive reflexes.

The sight of a man falling from a great height may arrest the breathing. Fainting is frequently observed in the uninitiated who witness a bloody surgical operation. Nausea may be caused by seeing the waves beating against the wharf. A hungry man's mouth is made literally to water when beholding lucious fruit. These are examples of indirect ocular reflexes.

Every gynæcologist recognizes the intimate relation which exists between the eye and uterus, as each frequently reacts adversely upon the other. None of you will allow a parturient woman to read because of the weakened condition of the eyes from uterine reflex, and you know that dysmenorrhoea is often caused by eye-strain and is relieved by higher prisms.

Let us now go a step farther and consider certain hitherto not commonly recognized reflexes, and the matter in which they be produced and relieved. Now glasses even though correctly adjusted sometimes cause nausea, and conversely a gastric

*Read before Dunham Medical Society.

trouble of year's standing has been entirely relieved by wearing the correct lenses.

Prisms adjusted to affect the eye muscles generally produce a temporary unsteadiness in walking. The same effect sometimes follows a tenotomy of one of the *long* muscles. On the other hand I have had three cases of strabismus associated with inability to walk straight, upon which I operated for the sake of the appearance of the eyes, when lo! the impediment of gait disappeared.

Gelsemium produces dizziness and staggering. How? By interfering with the normal innervation of nerve impulse to the long muscles of the eye. Alcoholism tangles the feet badly in the same way. Our sixth or muscular sense, *viz.* Our idea of distance, is governed by the effort required to converge and accommodate the eyes upon an object. We are at sea both as to measurement of distance and co-ordination of movement. Hence it is easy to understand how chorea and stammering are sometimes ocular reflexes, and how they may be and are relieved by higher prisms. To demonstrate this, reverse the prisms which gives the most relief and you will markedly aggravate the malady, thereby proving that the beneficial effect of the treatment is not hypnotic as certain prejudiced individuals have claimed.

When a marked heterophoria is corrected by a tenotomy, all of the sphincter muscles of the body seem to relax. A spasmodic stricture gives way; a scanty menstruation is succeeded by a profuse flow, a chronic constipation perhaps of year's standing is at once relieved, the tension is gone! the guy-ropes are cut! the strain is over! Conversely certain paralyses not due to a central lesion nor to severed nerves find instant cure when the cause is removed by relieving an eye-strain. Do you disbelieve this. Let me relate a case:

Through Mr. Waring, one of our Durham students, I was called to North Harvey eight weeks ago to see Mrs. D., aged 38, who was suffering from paresis of the throat to such an extent that she was unable to swallow any solid and but little liquid food. She was slowly dying of starvation. Her family history was bad, several near relatives having died of consumption. She had chronic constipation and great melancholy. I found four degrees of exophoria. Although she protested that her eyes were the only perfect organs she had, I induced her to consent to

wear higher prisms which corrected the apparent muscular trouble. Four days later I found the exophoria had developed to 28 degrees. On New Year's day I performed a tenotomy, and although I completely severed the external rectus of the left eye, it did not turn the eye in at all. This was followed by marked improvement in all her symptoms. A week later still more exophoria having developed the right external was cut. This temporarily caused cross-eye and unsteadiness of walking, both of which symptoms were corrected by higher prisms, and have since disappeared entirely.

But the paresis had vanished. Monday, Jan. 13, '96, she went home a well woman. That morning she ate a hearty breakfast of mutton chops and potatoes and had no difficulty in swallowing. The bowels were free and declared she was better than she had been for sixteen years.

Several physicians have reported cases of diabetes cured by glasses. This I have not personally accomplished, but I have increased the flow of urine by means of prisms and I believe that an excessive discharge may more easily be stopped by correcting an abnormal refraction, if one exists as a cause of the trouble. Now I do not believe that "everything except fracture" may be cured by glasses. *In fact I do not believe glasses cure.* But the removing of an abnormal ocular reflex makes the patient curable. I have seen cases of rheumatism and incipient consumption vanish very soon after stopping an ocular reflex. I have watched a man who for three years had not taken a step, in whom locomotor ataxia was well developed, and have seen that man after three weeks treatment with higher prisms, arise unaided and walk, with canes, six hundred paces without resting. I have seen a lady who for twenty years had not missed a severe annual attack of hay fever remain well last season here in Chicago while wearing prisms. I have seen two cases of insanity (melancholia), recover; and I have seen two cases of inability to talk in children of six and eight years of age, so wonderfully improve within a month after removing the abnormal ocular reflex that I was astonished thereat. Please notice that every case here enumerated is of nervous origin.

In conclusion may we not state without contradiction that it is very difficult to cure many people until the cause of their trouble has been removed. If this disturbing element be an ocular reflex it ought to be recognized and eliminated. To detect this condi-

tion is the easiest thing imaginable. Hold a glass rod vertically before one eye, both eyes being open and looking at a lighted lamp or gas jet, when a horizontal bar of light will be seen. If this passes above or below the flame there is hyperophoria. Then hold the glass rod horizontally and the bar of light will be vertical and should pass centrally through the flame. If it does not there is manifest trouble which should be corrected.

HYGIENE OF THE EYE.*

FRED'K W. PAYNE, M. D., BOSTON, MASS.

The subject of "Hygiene of the Eye," with the instruction that is necessary for an attainment of the requisite knowledge that we may apply known methods for care and caution in its management, embraces so much that is complex, that, for a proper understanding of it, a slight appreciation, at least, of the construction of the delicate mechanism and physiology of the eye-ball and its appendages becomes important. What organ of the body is more constantly in use, and, I must say, more often abused, than is the eye? from one's waking moment until sleep again comes, it is ever active, receiving waves of light, refracting and concentrating through its chambers and media, and finally transmitting the impressions through its complicated, sensitive, nervous apparatus, to the sensorium, where an *equally* wonderful process makes us cognizant of the picture received on the retina, and our intelligence allows us to *recognize* what our *education* has taught us to appreciate, as the *sense* of sight. When order reigns, in its component parts, the association is such as to permit of the greatest comfort and unalloyed happiness in studying the beauties of nature and art; while its *range* of visual ability allows us the joy of "straying at will from heaven to earth, and earth to heaven, reading near and far the ever present lessons of light and beauty;" on the contrary, however, when friction and disassociation prevails, its *intended* comforts are not so manifest, and the result, if not amounting to actual visual loss, is often that of suffering and persistent ill health to the individual.

The eyeball is a hollow, spherical body or case, enclosing principally, a fluid; it is divided by a partition wall into the anterior and posterior chambers; without this *spherical* shape, it

*Read before the Ladies' Physiological Institute of Boston.

must have been larger, or composed of *heavier* material, hence the wise provision in placing such an important and useful member in *compact* form. The principle tissue, that makes up the tough, unyielding walls and forms the *contour* of the shape of the eyeball, in the sclerotic coat—that part that we speak of as the *white of the eye*—being seen through the conjunctiva; outside of this sclerotic coat is the mucus covering, or conjunctival membrane, for protection and partial lubrication of its *interior* surface; just within the sclerotic is the choroid coat, which contains the *pigment*, or *black coloring*, for the purpose of *absorbing* any *undue* amount of light admitted to the eye, and thus prevent the necessary dazzling that would occur, providing the *dark* layer was not present. In the case of albinos, or those very light complexioned individuals, in whom there is but *little* of the coloring matter present, the eyes are very intolerant of bright light, owing to the fact that light is *reflected*, instead of *absorbed*, as it is in the case of persons having a *reasonable* amount of pigmentation of the choroid and iris. Within the choroid coat and lining the inner wall of the eyeball is the retina, consisting of a delicate prolongation, or expansion of the optic nerve itself, which arises from the base of the brain, near where the spinal cord is united, thence extending, as the optic tract, until dividing, one-half proceeding to one eyeball and the other half to the other; the optic tract and nerves are covered by a delicate expansion of the membranous envelope of the brain itself, and is constructed in a funnel-shaped, so as to retain a fluid secretion, produced within the cranium, that acts as a lubricant to the posterior portion of the eyeball, thus permitting the movement of the globe in the orbit, without friction, in the cushion of soft fat, and connective tissue, in which it rests; the anterior portion of the optic nerve after leaving the opening in the skull, at the base of the orbit, extends forward about an inch and one-eight, and enters the eye, through a round opening in its posterior wall, called the optic foramen, thence branching out and covering the bottom of the eyeball to nearly the peripheral margin of the transparent parts that forms the anterior portion of the globe, that is called the cornea. The cornea consists of a pellucid tissue, at the front of the eye, about one inch in diameter in the horizontal meridian, and slightly less in the vertical, in the adult; through this transparent cornea, we see the *color* of the eye, in the iris, of which we speak when we refer to a person as having black, blue, brown

or hazel eyes; this *grade* of coloring being either very dark or very light, or of an intermediate shade, owing, as we have already said, to the *amount* of pigmentation in the individual. This *degree* of coloring matter makes itself manifest in the complexion otherwise, as well as in the color of the iris, causing one to be dark, light, or sandy, as the case may be. The cornea, in shape, is more bulging than the contour of the eyeball otherwise; its *relation* to the iris might be compared to that of a *watch crystal*, with the *face* of the watch, the *cornea*, representing the *crystal*, and the *iris* the *face* of the watch. The iris acts as a curtain, and is deeply pigmented, so as to assist in preventing *reflection* and *dazzling*, as would come when strong light is admitted to the eyes; in albinos, as we have seen, very little pigmentation, or an entire absence of it, exists in its tissue, so that the red *reflection* from the *bottom* of the eye, and sometimes even the *retinal blood-vessels*, can be seen nearly as distinctly *through* its substance, as they appear in the pupillary opening itself; this curtain, or iris, floats in a fluid, in the anterior chamber of the eye; it has *within* its structure both radiating and circular muscular fibres, so that *enlargement* of the pupil, or *decrease* in its size, can be readily accomplished, for you must know that in a *strong* light the *circular* fibres of the iris involuntarily *contract*, so as to *reduce* in size the pupil, that light may not unduly flood the eye, and hence cause irritation of the retina, with its attendant discomfort and pain; while, on the other hand, in the *dark* or in a *subdued* light, the *radiating* fibres involuntarily *contract* and draw open the pupillary aperture, thus causing a *large* pupil, in order that *more* light may be admitted, thus enabling us to see *better* in the dark than would be the case if light was shut out by a *small* pupillary opening. In this method alone what wonders are revealed, as to the great protection we enjoy, without even our own co-operation, for this function is an *involuntary* one, entirely *independent* of our will, and without which we could scarcely tolerate the joys of the light of day, or be permitted to see with sufficient distinctness, to go about alone after the sun had sunk below the horizon. Some diseases that trammel the orderly method of these muscles cause either day-blindness or night-blindness, or both. The retina, already referred to, as an expansion of the substance of the optic nerve, on the internal surface of the eyeball, and upon which all images are photographed, as rays of luminous ether enter the eye, is its nervous,

perceptive coat, and, although it is divided into ten layers, all of which together do not exceed three-tenths of a millimeter in thickness, it represents the principal usefulness for which the eye is constructed, for, through the stimulus that the retina receives from waves of light, is caused the *activity* of the optic nerve, by which the fact of a picture being photographed upon the retina is communicated to the brain, and we are thus made cognizant of what we term *sense of light*, through this stimulating impression. The number of nerve fibres in the retina, including the rods and cones, have been estimated as high as eighty-five million, six hundred thousand in each eye; evidently a tiresome process to count, though if only one quarter as many existed, it would illustrate the wonders of a most delicate, curious and intricate mechanism. The most *sensitive* point upon the retina, and the place upon which all impressions of objects are sharply accepted, as a very *minute* picture, by means of the focusing ability of the crystalline lens, is a small, oval area, varying from one-twelfth to one-eighth of an inch in diameter, called the macula lutea, situated a little to the temporal side of the entrance of the optic nerve; in the center of this space is a depression, called the fovea centralis; this tiny concavity is placed in *direct line* with the axis of vision, and here, in consequence, is situated the most *delicate* and *sensitive tissue* of the retina, where a concentrated and clearly-defined image of the object looked at is received. Every eye has a lens, for the purpose of focusing, that is situated just behind the pupillary opening; it is double convex in shape, and is composed of a clearly transparent, *elastic* material, so that, by means of a strong muscle that surrounds its edge, it may be made to alter its shape, causing it to assume more or less a degree of convexity, as we need to look at an object near to us, or far away; its contour being influenced by the strong, ciliary muscle, or, as it is often called, the muscle of accommodation, that causes a *greater* degree of convexity for seeing objects near at hand, and a *less* degree of convexity for objects seen in the distance. The crystalline lens is more convex, on its posterior surface than on its anterior; it is a lentiform, translucent body, and is held in position by a clear, crystalline membrane, in shape like a closely-fitting bag; this bag extends to, and envelops, the peripheral margin of the lens substance, and sends an extension, called the suspensary ligament, to the adjoining walls of the eye, so as to

hold the lens firmly in its proper place. The *sole* object of the crystalline lens is for the *refracting*, or *bending* of rays of light, as they enter the pupil, so that they may be focused with *exactness* on the *fovea centralis*, which, as you will remember, is that point of *greatest* sensitiveness in the retinal tissue. As has been said, the *shape* of the crystalline lens varies, in its *degree* of convexity, and this it does by means of its own, inherent elasticity; the ciliary muscle, that regulates this, by a more or less degree of compression on the crystalline body, *relaxes*, and thus allows a *less* degree of convexity in shape to prevail, owing to the rebounding quality of the lens tissue itself; while a *contraction* of the ciliary muscle causes *compression* on the peripheral margin of the lens substance, that produces a *greater* condition of convexity in shape. This mode of action of the ciliary muscle is quite the reverse of the usual method, regulating the *modus operandi* of other muscular influences in the system, for, with them, *contraction enlarges* the caliber of the muscle itself, while, with the ciliary muscle, *relaxation* permits *increase* in size of the lens body. The imperfection, called cataract, is a disease, where from want of proper nutrition, the lens substance loses its translucency and becomes opaque, like that of ground glass, hence, in the operation for cataract, the lens itself must be removed from the eye, in order to obtain a clear pupillary area, to take the place of the non-transparent one that has been occupying it. In order to compensate for the loss of the lens after an operation, strong, double-convex lenses of glass must be used, in a spectacle frame, as a substitute for the opaque, crystalline lens, that has been displaced. As you will remember, I have already said that the crystalline lens is elastic, and is made to become more or less convex in shape, by means of the ciliary muscle, as we need to look at a point near at hand, or far away, hence with the use of *glass* lenses, in a person who has had a cataract removed, at least *two* numbers of lenses must be provided, one *stronger*, for near-looking, and one *weaker*, for distant-looking, for, of course, a *glass* lens is a *known* quantity, and does *not* change its shape, as does the wonderful crystalline, that we have described.

As we have said, the eyeball is divided into *two* chambers, in which is contained transparent fluids; the anterior chamber, or that part that is represented by all the space in front of the *anterior* surface of the crystalline lens, contains a liquid, very

much like clear, limpid water in appearance and consistency, that is called *aqueous*, or watery fluid; while in the posterior chamber, or in all the space back of the posterior surface of the crystalline lens, and extending to the retina, which constitutes about four-fifths of the remaining capacity of the globe, is a gelatinous, brilliant, transparent, cohesive substance, much like the uncooked white of the egg in appearance, called the vitreous humor. These fluids are highly *refractive*, and aid materially, in conjunction with the natural curve of the front of the eye, or cornea, and with that of the crystalline lens, in *converging* rays of light, as they enter the pupil, so that they may be focused upon the retina, as is easily accomplished in a normal-shaped, or, as it is technically termed, an emmetropic eye. There are many misshapen eyes, so constructed, that the process of *exact* focusing is impossible, without mechanical aid, but of this we will refer later.

The external muscles, that move the eyeballs, are six in number in each eye, turning them, respectively, upward, downward, to the right, to the left, and obliquely. All individuals having, presumably, two eyes, it is necessary for our comfort that the *two* eyes should move in orderly balance, or co-ordination, and with *exact* reference to each other, that *perfect* and *comfortable vision* may result; without this harmonious association in action, we not only are unable to *see* clearly, but the general nervous system is frequently harrowed, and, if the person is unduly sensitive, one often suffer from *reflex* neuroses, causing sometimes headache, eyeache, pain along the spine, neuralgia, dizziness, nervousness, bad dreams at night, wakefulness, palpitation of the heart, dyspepsia, and a multitude of trying sensations, not necessarily confined to the eyes and head, but quite commonly *reflex* in their influence, and transferring their expressions to remote parts of the organism, nervous prostration being often a prominent phase, arising from this disability; St. Vitus' dance in children, and epilepsy in the adult, have not infrequently been cured by relieving eye strain. The blood supply to the eyeballs is extensive and complicated, being derived almost wholly from the ophthalmic artery, and this from the internal carotid. The nervous force furnished to the eyes comes principally from the *third, fourth, ophthalmic division of the fifth, the sixth, and the sympathetic nerves*; they supply motor power to the several muscles, as well as sending sensory branches to the several parts

of the eyeball and lids. The lubricating fluid, that prevents friction between the eyeball and lids, and permits, in consequence of its presence, easy motion of the globe, comes from a gland situated in the orbit, above and to the outer side of the eyeball; the body, called the lachrymal gland, is an oblong, flattened object, about the size and shape of an almond; the lachrymal fluid, or the tear, is secreted by this body, and is supplied to the anterior surface of the eyeball, and inner surface of the eyelids by means of twelve or fourteen little ducts, in a row, that distribute this fluid equally; after serving its purpose as a lubricant here, it enters two minute apertures near the inner angle of the lids, one on the upper and the other on the lower lid, and thence is conveyed by two narrow canals to the lachrymal sac, and the nasal duct together is about an inch in length and passes through an opening in the bone of the upper jaw, making its exit into the nose; hence is accountable the fact, which all of us have more or less frequently observed, of the necessity of blowing and wiping the nose during the act of crying, for, during the process the lachrymal gland is stimulated to secrete the tears abundantly, so that they not only pass into the nose, but run over the cheeks, thus necessitating, as well, much wiping of the eyes and cheeks in consequence. The tear is aided in seeking the duct leading into the nose, by the act of winking the lids, blowing the nose and gravity, though a large part is lost, where not excessive from crying, by evaporation, while, in addition, there are minute muscular fibres, that surround those minute openings on the upper and lower lids, just spoken of, which exert a system of *suction*, whereby the tear is encouraged to pass in that direction. From what has been said of the eye and its appendages, we must now be aware that we have a complex and delicate organ with which to deal; what wonder then, that it so often does not last as long as its owner, or that on the contrary, it should perform its allotted task so unerringly for the length of time that it does, for it is a fact that eyes are more often abused than well-treated, either from inconsiderate motives or apparent necessity. A perfectly formed eyeball has a certain, recognized, regular standard of dimension, and this is especially necessary in its diameter from before backward, *i. e.* in a line extending from its front, or anterior surface, straight back horizontally, through the pupil to the retina; this antero-posterior diameter is about 95-100 of an inch in length. Providing the

muscle of accommodation does its duty well, depends our ability to focus naturally and easily upon the retina, and hence get a clear and perfect image of the object looked at. A myopic, or near-sighted eye, is an elongated one, *i. e.* the *diameter* from the front to the back wall of the eyeball is *larger* than what is recognized as the *proper* and normal standard of length; this fact existing, it is plain to see that the retina is too far removed backward from the lens of the eye, or the cornea is too far forward of it, or, possibly, a combination of both conditions may exist together, hence, when light passes through the pupil and lens for refraction, the rays of light are brought to a focus *before* reaching the retina, and go on to *cross* each other, and consequently is received upon the retina in a *blurred* outline, *i. e.* the eye being unable to focus, with exactness, gets an *indistinct* image, very much as one sees when looking through an opera glass not fully adjusted to his vision. This state of imperfection in the *appearance* of images is more or less marked, in accordance with the *amount* or *degree* of error in shape of the eyeball. Another reflect in formation of the eye is when the globe is actually *smaller* than that of the normal standard, especially so, in its horizontal diameter, *i. e.*, where it is too *short* from before backward, which makes the eye, in its refractive ability, *hypermetropic* or *far-sighted*; in a condition of this kind the *shortened* proportions of the eyeball *prevent* the desirable, acute *convergence* of rays of light, as they enter the pupil, from falling in focus on the retina, so, instead of doing so, they reach the retina as *confused* light, *before* coming to a focus, hence causing the eye to receive *fully as imperfect* an image in its outline and acuteness, as is produced upon the elongated or myopic eye, by its error; if the rays of light, in this state of hypermetropia, *could* pass beyond the *back wall* of the eye, they would reach a focus *behind* the retina; hence, in a *far sighted* state, vision is blurry, because the focal distance is *behind* the retina, while in a *near-sighted* state the *opposite*, but *equally defective* condition prevails, owing to the focal point being in *front* of the retina. These cases of imperfect refraction, due to misshapen eyeballs, are born with one, yet, without the error is one of high degree, young eyes *conceal* the fact of its existence even from themselves, *not* on account of a disposition to *malign*, or *deceive* one's self, but on account of an *inherent* ability to do so, owing to great *range* of superfluous power, or *reserve* strength, that the muscle of accommodation possesses.

(Continued in next issue.)

People's Department.

WHY I BECAME A HOMŒOPATH.

LOUISVILLE, KY., Dec. 10, 1872.

Dear John:—I have purposely avoided answering yours of last month until my indignation should have time to abate. Had I replied immediately and followed my impulse I should have scored you so deeply that *even your* forbearance would have been heavily taxed. Even now, after repeated readings of your letter and a month's reflection, I can scarcely refrain from expressing myself in terms more forcible than elegant. You know that I have always given you credit for good sound judgment and hard, practical common sense. Now, is it possible that you will go fooling your time away in pursuit of this "Will o' the wisp" called homœopathy? Surely you will not do this. Why not come here at once? Your pharmaceutical knowledge will enable you to obtain a position in a pharmacy; you can enter the Medical College and devote all your spare time to the study of regular medicine. To be sure, if you want to associate with Medical Ishmaelites, there is no school of the kind here, and God forbid that this city of our love, and the pride of our state, should ever be disgraced by harboring such an abomination. I regret exceedingly that I wrote you of that child's illness and recovery, but if you remember I told you that I saw and tasted the make-believe medicine administered by the homœopath and that there was neither taste, odor nor appearance of medicine in it. I supposed you would at once see that the whole thing was a sham and a fraud, and that the child's recovery was due to real medicine previously administered by regular physicians. I was so full of the matter when I wrote, that I poured out my whole soul on the subject and supposed you would understand and see through the sophistry of the man as I did. I expected a reply from your philosophic pen condemning frauds and upholding the faith of our fathers. Knowing your conservative temperament I did not expect you to rave at and denounce homœopathy, but I did expect a comforting letter full of good sense (which

you *did* formerly possess), answering me that this homœopathic fad would come to naught. Instead of that my innocent letter is made the basis of a complete revolution of your plans. Now, will you do me the justice to carefully re-read that letter, especially that part that affirms, after personal inspection, that the bogus doctor gave no medicine? After doing this, if your mind is still unchanged, I would suggest that you take an inventory of your mental stock and see if you are not out of something—some little easily over-looked article like reason or judgment, or some such trifle.

Seriously now, I believe as you know, in a final judgment in which justice will be meted out in tangible rewards and punishments. I further believe that we shall be held responsible for our time, as well as talents and that if you waste time in the foolish way that your letter indicates, you will find yourself in the attitude of the agitators as described by J. Y. Brown, "reading your doom by the lurid light of hell."

What answer will you make the Judge when He inquires what you have been doing in this lower world? Instead of presenting a countenance radiant with the light of an approving conscience and making answer that you have been using the means so graciously and bountifully furnished for the relief of human misery, you will hang your head in shame and confess that, ignoring his beneficence and bounty, you have been trying to make something out of nothing. Then will He say, "Who are you that assumes to create? I am the Creator. I was sick and ye gave me no medicine; in pain and ye gave me no relief; dying and ye failed to provide a remedy, although they were strewn all along your pathway." Then will you say, "When," etc., and He will say, "Depart, for inasmuch as ye did it not unto one of these little ones ye did it not unto me."

Ah, John, as I write I hear the bells. They are tolling. Tolling, me thinks, for a lost lamb. Don't wander off into the wilderness alone. Your friends are all in the fold, stay where there is shelter and a Shepherd's care. The mountain is bleak and cold and bare. Stay here, stay here. If I did not know the serious earnestness of your disposition I should think you were perpetrating a huge joke. But I know you too well. Aye, so well that even now I am aware that I am wasting time on you. Neither sarcasm, satire, irony nor argument will move you; your hard head is set; your firmness amounts to obstinacy. Once

taken, earth nor hell can shake your determination. And you want me to go to the "homœopathic fraud" and get you some homœopathic literature, etc. You wait until I do. If that is your dependence for little pill lore, it will be a long time before you obtain any knowledge of it.

If my friend contemplates suicide I shall not purposely furnish the means. True, it seems that I did furnish the incentive, but as it was done innocently my conscience does not upbraid me. You know that I would do any reasonable thing for you, but this request is an unreasonable one from my standpoint. If you can convince me to the contrary, then command me, I would beard the devil in his den to do you a favor, but I shall certainly endeavor to avoid doing you an injury. I mentioned your request (omitting your name of course,) to some of the boys. Prof. B. was present and remarked that he had in his possession the Homœopathic bible, which he had neither read or desired to read, and that my friend was welcome to it as a gracious gift.

This book is written by the great apostle Hahnemann. I suppose I should rather call him the God of the Homœopaths, as he is their creator. Its title is the *Organon of Healing*. Now I procured this book of Prof B. and have glanced through it, or part of it, and so confident am I that it will do you no harm that I send it to you by this mail. Cast your eye upon the first paragraph and behold the wisdom: "The first and sole duty of the physician is, to restore health to the sick." Marvel of marvels! how did he discover such a hidden truth? Equally wonderful is the next assertion: "This must be done in a prompt, mild and permanent manner."

What profound penetration! what sagacity! what comprehensive knowledge necessary to the discovery and formulation of doctrines like these! In the absence of such knowledge we might have inferred that the physicians duties were to make the well sick and prevent, as long as possible, their restoration to health. Now John, I have no time to read such books, and I don't believe you have. I believe this one will cure you of your disorder, and so, strange to contemplate, I find my very first prescription to be a strictly homœopathic one. I send you the hair of the dog that bit you. I trust this may be the last as well as the first of the kind.

The whole theory is a "delusion and a snare," so transparent and so apparent, that it pains reason to understand how anyone

of ordinary mental caliber could be deluded and ensnared. So here my dear patient is your medicine, take the little dose like a little man. If there is any truth in the law of similars it will cure you, and I must confess that in your particular case I expect good results. I think your derangement a purely mental one, and as heroic treatment would hardly be advisable I trust you may be amused with Similia until Nature makes a cure.

I will not bother you to write neighborhood news, as the county paper keeps me posted, but as your physician I require you to report your case. Give your symptoms in detail so that if per chance this treatment should aggravate, I may know how to follow it.

Truly your friend,

H. T. NODD.

A STUDY IN DIETETICS.

One of the most notable examples of this new movement toward the better and more intelligent use of food is the experiment which has been recently authorized at the University of Chicago. The results obtained thus far have proved so suggestive and practical as to lead to the belief that similar studies in a modified form would be well worthy the attention of intelligent housekeepers and stewards. At the opening of the new Women's Halls, October 1, 1893, it was agreed that it was a fitting undertaking to attempt to supplement the intellectual and educational advantages of the institution with a corresponding care for the physical requirements of the students. Accordingly, under the direction of the women deans, with Mrs. Ellen H. Richards as expert adviser, a definite study and careful investigation was made of the food supply furnished to the occupants of the Woman's Halls. The method pursued was to keep an exact record of the amount and cost of all food purchased, and of the number of meals eaten. A supplementary record was made of the amount and cost of all the food eaten each day, for the purpose of determining readily whether a proper variety and proportion of nutrients were provided daily, and whether the daily expenditure of money were kept duly within the amount appropriated for the purchase of food in its raw state.—*From "A Practical Experiment in the Study of Dietaries," by Professor Marion Talbot, in the March Review of Reviews.*

Editorial.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

The Committee on Arrangements have definitely fixed the date for the opening of the International Congress to be held in London, England, on the evening of August 3rd, and have made elaborate arrangements for the comfort and pleasure of their American Colleagues; and their efforts have been ably promoted by the committee appointed by the American Institute last year to co operate with them. The Secretary, Dr. W. A. Dewey, 170 W. 54th street, New York, reports having finally succeeded in making some very satisfactory arrangements with various Steamship lines for the time spent upon the voyage to and fro, which he will be glad to give to any who may inquire. It seems unfortunate that the time arranged for the International Congress could not have been made so as to include the meeting of the American Institute within the time laid out for the summer vacation. It will prove a serious drawback to the attendance at the Congress. We believe, however, in this case, that the time selected for the Congress is more satisfactory than the earlier date and would suggest in this connection the idea of changing the month for the meeting of the American Institute to some time in July, when the professional man can have greater freedom than at any other time during the year, and it might not be amiss to make the further suggestion that some central location be selected for the annual pilgrimage and that this place possess all of the attractions of an ideal summer resort, viz., plenty of water, fresh, invigorating air, and the quiet, restful surroundings of such a place; and make this place so attractive that the disciples of Hahnemann and their followers may come together as a summer school, for one, two or more weeks every year, thereby promoting fuller discussions, not only upon medical subjects, but upon subjects that would be of mutual interest to the profession and mankind in general; in short, to make this the HOMŒOPATHIC CHAUTAUQUA. What say you?

AMERICAN INSTITUTE OF HOMŒOPATHY.

The most important meeting in all the history of Homœopathy will be held in Detroit during the coming summer and to this meeting should be brought all of the earnestness and enthusiasm generated during a century of investigation. The Law of Similars have been on trial for one hundred years and within that time much that was pure theory has been tried in the crucible of experience and found to stand all the tests of exact science; but in recent years the test has largely been one-sided in its character and the greatest field of investigation still lies practically undeveloped by the profession at large. The natural trend of scientific thought has been along the line of materialism, today a new world is being opened to the investigation of science and the greatest revelations are being made along the lines of the invisible, the immaterial, but all potent sphere of Life. The Law of Similars finds its most perfect application within this latter sphere of action and contributions are being laid at its feet by the scientific world today, which cannot fail to secure for it a place of the highest rank when properly investigated.

The meeting of the American Institute at Detroit, is opened Tuesday, June 16th, with the MATERIA MEDICA CONFERENCE. During this conference the following questions will be discussed:

1st. *Has the "Law of Similars" ever been unequivocally demonstrated by the deductions from general practice, and do we not require of it more formal proof by inductive experimental research?*

2d. *In what particulars has the provings of drugs deviated from the rules laid down by Hahnemann in the Organon, and in what particulars do Hahnemann's rules and directions for proving drugs differ from, or fall short of, those required by the methods and precautions of modern scientific research?*

3rd. *In the search for the similimum shall we endorse Section Eight of the Organon which says that the "totality of the symptoms" must be the sole indication to directions in the choice of a remedy?*

Each of the topics will be introduced by a carefully prepared paper, followed by a thorough discussion; at the close of which, any member of the Institute will be at liberty to present his or her thoughts in a few words. An immense amount of good may result from this conference, but the degree to which you may receive benefit therefrom will depend upon the study given by

you to these topics, previous to the discussion, that you may thus be enabled to grasp a new thought and make it your own. Following this conference will come the Centennial Addresses upon the Law of Similars, which will cover the following propositions:

1st. *The logical basis of the Law of Similars. Does it commend itself to our reason?* By Richard N. Foster, Chicago.

2d. *The experimental demonstration of the Law of Similars. Can its existence and operations be proved?* By M. W. Van Denburg, Ft. Edwards, N. Y.

3rd. *The clinical efficacy and superiority of the Law of Similars. Is it a reliable guide in the practice of medicine?* By John P. Sutherland, Boston, Mass.

These three addresses are designed to include and constitute a re-examination of the fundamental principles of homœopathy. They will be rigidly scientific in character and doubtless will present a powerful exposition of the principles formulated by the genius of Hahnemann and form one of the most attractive features of this important meeting. An enthusiasm is being aroused in the profession from Maine to California and the homœopathic profession will thereby be made more familiar with the principles underlying their system of treatment than they have ever known in the past. More homœopathy will be presented at this meeting of the Institute than has been heard during the combined sessions of the past fifteen years.

The annual circular will be issued about the first of May, giving full information regarding the details of the meeting. Plans should be laid so that you may contribute to the success of this meeting by your presence, if in no other way, and let there be a determination upon the part of every member to place at least the name of one homœopathic physician in the hands of the Board of Censors for the reason that the Transactions of this meeting will contain some of the most valuable contributions to the literature of the Laws of Similars that can be found in the library of any member of this fraternity.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

It is with a feeling of deep sorrow that we record the decision of the INTERNATIONAL HAHNEMANNIAN ASSOCIATION. At the meeting in Watch Hill the members present voted to hold the

sessions of the coming meeting in Detroit; but objections were raised to this by those who were not present and consequently did not understand the reason prompting the same and in order that there might be a full expression of the Association, a circular was sent to every member calling for a vote upon the place of meeting, and two or three points were suggested; the result of this vote was a majority of twenty-four in favor of Glen Summit, Pa. We feel that an admirable opportunity for defending the cause has been lost, but majorities rule and we take pleasure in announcing that wherever the meeting may be held an interesting and exceedingly profitable discussion will be held.

The next meeting will be held at the Glen Summit Hotel, Glen Summit, Luzerne County, Pa., June 24th. The chairmen of the bureaux are as follows: •

HOMEOPATHIC PHILOSOPHY, Geo. W. Clark, M. D., W. Walnut Lane, Germantown, Philadelphia, Pa.

MATERIA MEDICA, Arthur G. Allen, M. D., 8 W. 49th St., N. Y.

CLINICAL MEDICINE, Anna L. Geddes, M. D., Glen Ridge, N. J.

SURGERY, Howard Crutcher, 103 State St., Chicago.

OBSTETRICS, Caroline E. Hastings, 160 Huntington Avenue, Boston.

NECROLOGIST, Stuart Close, 641 Willoughby Avenue, Brooklyn, N. Y.

The title of papers should be sent to the chairman of the different bureaux not later than May first; and papers themselves forwarded as early as May 15th. This meeting is so arranged that members may attend the Institute in Detroit and have abundance of time to go from that meeting to this beautiful resort in the heart of the Allegheny Mountains. That knowledge which comes from a thorough test of the principles embodied in the Law of Similars, together with enthusiasm which follows their application, should compel every member of this Association to become an active participant in the Centennial Celebration of these truths at Detroit.

Our Monthly Review.

Dr. H. H. Chase, in *British Homœopathic Journal*, tells of a satisfactory experience with the fluid extract of witch-hazel in the raw surfaces left by burns. He applied pledgets of cotton dipped in the extract. He says there appeared to be sufficient astringency to do away with the fungosities, and some portions of the hamamelis dried into the ulcer. Normal granulations immediately formed underneath and as these became firm and substantial the hamamelis came off, leaving a good, firm new skin, which rapidly grew in area and thickness. The entire dorsum of a hand that was burned was completely covered in the course of ten days.

Acidum Fluoricum in Varicose Veins.—Patient, a carpenter aged 42; troubled with obesity as well as varicose veins. Predisposition to fat inherited; rather sedentary habits. Varicose veins for six years. The left calf was a mass of enlarged veins, some as large as a finger, and very painful. Treatment had consisted of dieting, with acid fluor.⁶ and the leg rubbed upward with hazeline ointment. This treatment was continued a year, when patient was discharged cured. He had lost 20 pounds and was able to do a full days work. Later learned that he had returned to his previous weight, but there was no return of the varicose condition—(Dr. Washington Epps, in *British Homœopathic Society*).

Patients recover from **vaginal hysterectomy** like a woman does from labor. The pelvic peritoneum has learned to tolerate manipulation. Abdominal section above the pubes creates a raging thirst and much pain and sickness with a slow recovery. I am more and more convinced that with the advance of years more operative procedures will take place per vaginum with better results. There is only one result in operations per vaginum which we do not know to any extent, and that is whether vaginal hernia will follow. Hysterectomies per vaginum or removal of appendages per vaginum will be a boon for womankind, as it will check amateur operations, it being much harder and requiring more skill to remove organs per vaginum than per abdomen.—(*American Homœopathist*).

The Electric Centrifuge for Microscopical Examination of Urine.—With the electric centrifuge it is possible to examine with ease a sediment containing great bulk of amorphous urates. It is unnecessary to add a solution of sodium phosphate to dissolve the urates. In the concentrated urine of fevers one sees little or nothing but granular urates, but by using the electric centrifuge the urates may be cleared by heat, a sediment freed from urates obtained and a large quantity examined for casts, corpuscles and epithelia, with or without covered glass, the finding of vaginal epithelia demonstrating the absence of urates, and the whole being accomplished a minute or two before the urine grows cloudy again. (Clifford Mitchell, M. D., in *Hahnemannian Monthly*).

The Dynamic Action of Drugs.—By the term “Dynamic Action” I do not mean a power that is thought by some to be developed by placing a little of a tincture in a bottle with a limitless quantity of alcohol and shaking or “giving the mixture a certain number of succussions to develop its dynamic force;” or an imponderable force resident in a drug independently or in the abstract. I understand the word dynamic to be of Greek origin from the word *dynamis*, which means power, force, energy, and which has its root in the verb *dynamine*, “to be able,” and has the elements of action in it, so that “dynamics” is the science which treats of *forces* or *powers* in action. All will agree that in the human organism the spirit-like power, force, energy, is the power behind the throne and is constantly in motion while life lasts, and any force or power which will act on that force or power, either to excite, depress, accelerate or modify in any manner, acts dynamically. The question then would be, Have drugs a power in them, which, by their action on the organism, develop a force that will influence or act upon this spirit-like power or vital force? If they have, *their* action is dynamic. We say they have and claim this is the only basis on which we can explain the action of *belladonna*. If I hit a man on the back, and in a few moments he vomits or faints, what is the *modus operandi*? If I inject hypodermically the right quantity of apomorphia, in a very short time he will vomit. What is the *modus operandi*? And what is the difference? I claim that their action is identical so far as the stomach is concerned. The dynamite stick has a resident power in it, but it is not developed until the proper amount of force, either heat or friction, is brought to bear upon it. The dynamite *per se*, is harmless, but the power developed by heat or friction will blast the stone. So it is with drugs on the shelf; they are harmless, but taken into the system they develop a power that will not only influence but extinguish vital force. (J. D. Burns, M. D., in *Hahnemannian Monthly*).

Induction of Abortion and Premature Labor.—Primary and most important of the causes for the interruption of pregnancy is the presence of pernicious vomiting. Other causes that may be considered are aggravated cases of albuminuria, heart disease, extreme cases of malformation of pelvis, phthisis and syphilis. The induction of abortion should never be undertaken for any cause without consultation and a definite and positive agreement of all consultants. There have been many methods in common use, such as the dilating of the cervix and awaiting results. Second: An attempt to break up the attachments between the uterus and its contents and then wait for nature to expell the now foreign substance. Third: The coiling of a soft catheter within the uterus for the purpose of bringing on expulsive pains. Fourth: The use of a hot douche on the neck of the uterus, as well as, at times, the use of an inter-uterine douche. My experience has led me to conclude that all these methods are thoroughly unsatisfactory and unscientific, and I wish to suggest the adoption of more strictly scientific and surgical methods. I am aware that the plea is that we should adhere as closely as possible to nature's lines by inciting expulsive action. Abortion cannot be natural. In cause and process it is an abnormality, and the sooner we recognize this and in these cases do simple surgical work, ceasing to wait for the uncertain and possibly tardy efforts of nature, the sooner we will avoid septicemia and hemorrhages. I would advise emptying the uterus at one sitting.

We are called on to relieve such cases between the first and third months. The patient is carefully prepared by emptying the bowels, bi-chloride vaginal douche, shaving the pudenda, and again carefully scrubbing with bi-chloride solution. The patient is then placed in the dorsal position, with an assistant supporting each limb. We then insert a large vaginal speculum, draw down the uterus with Vulsellum forceps, and proceed, first with graduated sounds, and later with branched dilator to dilate the canal and enter the uterus. Our first effort is to locate the point within the uterus of the most intimate attachments between the walls and contents, and to carefully remove *everything* within the uterus, either by means of curette or dressing forceps. To my mind this is the only safe and surgical way of entering the uterus in the first three or even four months of pregnancy. It is simple and yet should not be undertaken without a reasonably good experience in operative gynecology, for it requires rapidity of action, a gentleness of technique and presence of mind that can only be the result of experience.

Premature labor is nearing the natural process; the evacuation of the uterus after a time of possible viability, and in its induction we can lead ourselves to imitate nature much more closely than in most surgical acts. There are but three specially prominent methods. First, dilatation of the os uteri and the introduction within the uterus of a bougie. Unless you rupture the amniotic sac this method is uncertain. If you rupture it, the bougie is unnecessary. Further, the instrument furnishes a vehicle for the introduction of septic matter. A second method, much extolled of late, is the injection of glycerine. We know that glycerine is more than an ordinarily good culture for germs—hardly the proper thing with which to begin labor.

In a large majority of cases of labor at full term, the labor is ushered in by the escape from the uterus of a small amount of amniotic fluid. In typical cases this loss of amniotic fluid continues throughout the labor. This serves two purposes; first, to lubricate the parts, and second, with each pain, and yet very gradually and safely, to evacuate some of the contents of the uterus, that it may be enabled to slowly contract on the child and expel it from the cavity. As long as the uterus is sealed and not a drop of its contents escape, we rarely have active contractions; but the minute it has anything within its cavity, and yet is not absolutely full, it will contract until at last the cavity is so reduced that it is full. What more natural then, than we should, when the induction of premature labor becomes necessary, simply anticipate nature a little by carefully puncturing the amniotic sac and allowing, not a large quantity, but a few drop to escape. The pains will most certainly ensue within one or two hours.

There are a few cases where it is necessary to induce labor, and yet where you find a head presenting, uncovered with the least amniotic fluid. I mean cases where the child is large and this peculiar condition exists before the escape of a single drop of the amniotic fluid. Where this condition exists you will usually find this enormous pressure resultant in Albuminuria, which will necessitate induction of labor to save life. Two methods may be used in these cases; first, to push the head back until you can slip an instrument up back of it and puncture the membrane. I have one case where the enormous distention of the uterus by twins rendered this impossible. In this case I had chloroform carefully given, which relaxed the parts as much as possible. I then dilated the parts rapidly, applied the forceps and delivered the first child. The second

child presented a shoulder and I made cephalic version, applied forceps and delivered it. These two methods seem to me rational and should cover every case with which we are likely to meet.

The Dispensary Question.—A dispensary is an institution for dispensing medicine free to the poor, hence its first and great object is a charitable one. In every community of any size there are a number of people who cannot pay for medical treatment. Be the cause of poverty what it may, we have a large class who require free medical assistance because they have no means of paying for it. These are the ones for whom the dispensary is legitimately adapted and they should receive its aid without question. Another reason for the maintaining of a medical dispensary, but one which is secondary and subordinate to the first, is the teaching facilities which it affords. If a patient cannot pay in money for what he receives, he can allow his case to be used for the perfection in practice of those who give their time for his benefit, and also for the instruction of those who expect in the future to use the knowledge thus gained for the benefit of mankind. The doctor is justly entitled to this benefit. This is the only proper way in which he may expect compensation for dispensary work. From the combination of these two ideas has come the connection of medical schools with dispensaries and hospitals, all classes in the union being equally benefitted.

There are certain irregular methods employed by patients and also by some doctors which ought to call for an expression of disapprobation, however. It is well known that almost all dispensaries treat a large proportion of cases which do not deserve free treatment. The motive which prompts these patients to visit such institutions is a mean one and is the same that is always at the bottom of trying to get something for nothing. Doubtless some of them have more means than those who treat them for nothing and to whom they give scant thanks for the favors received. Another class of patients, not quite so bad, are ruled by the spirit of getting things cheap. They appreciate a fine quality in bargains and pay ten or fifteen cents, supposedly for the medicines. Thus respectability is saved because the prescription is paid for, although the patient could easily have paid a fair fee. Some dispensary patients are poor, some pretend to be poor, and some don't care whether they are known to be poor or not. The dispensary management is at fault, as it fosters the abuse. The patient should be made to pay something to somebody, or, at least, to contribute something to the institution from which he receives benefit. To treat a patient who can pay, at a dispensary, is utterly wrong and inconsistent with all ethical ideas.

Lately another evil has sprung up, and that is the little private "dispensary," where, under the guise of charity, a cut-rate private practice is carried on. Who will claim that the small private dispensary is not run for the benefit of the doctor who establishes it? Does he not hope, by attracting a large number of patients who shall pay a small fee, to compensate himself for his time and expense? It is a commercial principle that the nimble sixpence is better than the slow shilling. Medicine which costs one cent or perhaps two, brings a fair profit when sold for ten. From forty to sixty patients a day at that rate brings a fair business, but is it a dignified or ethical professional procedure? There are certain dignities and proprieties associated with the practice of medicine which must be upheld, and one should not assume the profession's responsi-

bilites unless he is willing to maintain its dignities. I think it is time the profession should give forth an expression of no uncertain sound so there shall exist no uncertainty regarding the right or wrong of the matter. I think all charity dispensaries ought to join with the Charity Organization Society, or some similar organization for hunting up the worthy and hunting down the unworthy applicants for help. A strong public sentiment should be cultivated in favor of legitimate charitable work. Not that we must do less giving, but better regulated giving. Not that we wish the doctor to do less of the good he only can do, but that he may do it where it may be for the right and not to encourage an evil. (Benj. F. Bailey, M. D., *N. A. Journal of Homœopathy*).

The March number of the *American Homœopathist* editorially takes exceptions to the manner in which the *Medical Current* replied to its query as to what college taught pure homœopathy, and begs that Brother Smith construe the enquiry as a homœopathic case, not as an isolated fragment here and a high-and-dry symptom there, but as a totality, and suggests that the quoting of scripture by unregenerate medical editors be barred from the discussion. Dr. Kraft thinks we should remove the mote from our own eye before commencing ophthalmic operations on the old school and says if the journals had been more intent in upholding honest, homœopathic prescribing and less given to personal holiness and fad riding, subscriber-getting and advertisement-soliciting; more given to honest materia medica, that committee that meets this year in Detroit to straighten out the kinks in homœopathy would be as unnecessary as duplicate caudal appendages to a yellow cat.

The Homœopathic Treatment of Diphtheria.—R. R. Gregg, M. D., ascribes the formation of the fibro-plastic membrane in the throat and fauces to an excess of fibrin in the blood, which excess is brought about by a lack of proper proportion in the elements or ingredients of the blood. Nature in all her processes works from within outward. This excess of fibrin, if not eliminated, would cause thrombi, the clotting of blood somewhere, probably in the heart. The necessary elimination is carried on in the most natural way, by an exudation upon mucous membranes where it will do the least harm. An interference with this process will cause the impulses from centre to periphery to be reversed and the revolution of the centrifugal impulses upon the nerve centres will cause a violent resistance at the base of the brain. When local means are applied causing suppression of the fibro-plastic exudation in the throat it is most likely to cause clots or coagula in the heart or larger blood vessels, and death speedily results. In an experience of over twelve years, I have never used any but homœopathic means; the indicated remedy only. Have used no local measures; nothing to destroy the bacillus in the throat. The remedies most often called for are those which produce a violent depression with great disorganization of the blood, such as *lycopodium*, *luchesis*, *apis*, *iodine*, *nitric acid*, *muratic acid* and the *mercuries*, and these in the single remedy and the single dose. I regard diphtheria as a constitutional disease developing from within, not from without. If the organism is in perfectly healthy condition, the person will not contract it, even if it is injected into the blood.

A very important symptom and one of the earliest ones is the great prostration mental and physical, which is *prima facie* evidence that the nerve centres, the very citadel of life, are attacked. Those remedies which rapidly disorganize the life force are the first to be thought of. Some say *belladonna* and *aconite*

in alternation to overcome the fever. This is preposterous; fever, like the membrane, is a mere concomitant of the constitutional invasion. *Aconite* and *belladonna* are never remedies in typical diphtheria. They are not sufficiently deep acting. (J. A. Tomhagen, M. D., in *American Homœopathist*).

What is the Cause of So Much Leucorrhœa Among Girls?

—When I run over in my mind the number of young unmarried women I have had to treat for painful, almost agonizing menstruation, leucorrhœa and displacements, I am appalled and wonder if this condition is universal. If so, where are the healthy wives and mothers to come from? Painful menstruation is the rule rather than the exception. The function is anticipated with dread and terror and the nervous prostration incident to one period is scarcely over before another is due. The very fact that this condition is so universal emphasizes the fact that there is a primal and universal cause for it. After much study and careful observation, I have reached the conclusion that the immediate cause of so much suffering and uterine trouble among our girls is arrested development and displacement, brought about by improper clothing and general disregard of hygienic laws; while the primary cause is the ignorance, pride and false delicacy of mothers. Young girls are put into corsets at the tender age of twelve or thirteen; rarely as late as fifteen. Poor nature, disheartened and hampered, soon gives it up as a bad job, and the girl takes up her mission in life with a figure like a fashion plate and partly developed organs; or with the exquisite harmony and balance of every part forever destroyed. Nature always comes out second best in a struggle with the modern corset. With the most vital parts of a woman's body, the thorax, restricted and bound by tight lacing, what result save one, can we expect? A lesion affecting one organ of the body is usually transmitted to another. As a result, we have palpitation, shortness of breath, spinal irritation, uterine displacements and ulcerations, caused by the pressure exerted on the heart, lungs, spinal column and uterus. Mothers and daughters seem deaf to reason on this subject. With vital organs compressed by corsets, with bodies improperly clothed and half nourished; with minds and nerves on a perpetual strain, is it any wonder that the weakest part suffers and that the girls have chronic ovarian troubles; have to be cur-retted and have the cervix dilated; and actually stand at the marriage altar wearing pessaries, as I have known to be the case? Nor is this all. Many a mother from a so-called modesty, a foolish delicacy that prevents her speaking to her young daughter upon such subjects, leaves her to learn by chance truths that only the mother should teach her. More than one young girl has been sent from home to a school at a most critical time in her life, utterly unprepared for and ignorant of the change that was coming in her physical being. Frightened and dismayed when this unexpected thing happened, these poor children, in order to conceal the truth from others, are guilty of imprudence that imperils their lives. Until our girls are instructed as to the dangers of infringing nature's laws, and until they get back to a more rational and righteous mode of living, there will continue to be serious uterine troubles among them. (Chas S. Holton, M. D., in *N. A. Journal of Homœopathy*).

Book Reviews.

The Repertory of Hering's Guiding Symptoms of our *Materia Medica*, by Calvin B. Kneer, M. D., published by the F. A. Davis Company, Philadelphia, 1914 Cherry street, and Chicago, 9 Lakeside building, for the estate of Constantine Hering, sold strictly by subscription *direct*, and bound only in sheep or half morocco at the one price of \$10.00. The long promised and eagerly sought for book is at last a reality and we have it in our hands. Much has been anticipated from its use, but the application brings even greater satisfaction than we had hoped for, and as we grow acquainted with its arrangement and thereby become familiar with the concentrated wisdom between its covers, it will of necessity become the constant companion of the careful student of *Materia Medica*. The author has carefully followed the arrangement laid down by Hahnemann and so perfectly amplified by his successor, Constantine Hering. When one remembers that this repertory is made to act as a key or an index to nearly six thousand pages of valuable matter, the only wonder is that a system could be devised by which a book would be made that was not too cumbersome for daily use, or rather that publisher would not be compelled to greatly mar its efficiency by dividing the work in two or more volumes; but a careful examination of this book shows the secret of the matter to lie in its very simplicity. The matter is very closely set up in double columns and at the same time the arrangement is such that one can find at a glance just that which is needed for each individual case. The four relative degrees of value peculiar to the Guiding Symptoms have been employed in this book, so that the physician can determine at a glance, whether a symptom has been frequently verified in clinical work or not. There are also marks preceding each symptom that has been taken from the old school; cases of poisoning, or symptoms recorded on the sick alone, which makes this work not only a repertory of our *Materia Medica*, but also a repertory of the Therapeutics of the homœopathic school. There is another peculiar thing noticed in this book, and that is, the fact that the author has retained many times the identical words of the prover or the physician recording the verifications. The author has taken the most valuable features of Bœnninghausen, as well as the Repertory to Jahr's *Symptomen-Codex* in the mechanical arrangement of this repertory, by means of which each rubric begins with bold-faced letters, and the important subdivisions of the rubric appear with similar distinction. Like the Guiding Symptoms, this will be a help, whose value will increase with its use, and because it contains so much within so small a space, no physician can expect to master its contents or be able to rapidly grasp its scope without careful study. Undoubtedly there will be a large sale among those who have been waiting for it, through their familiarity with the Guiding Symptoms, but we predict an element of reciprocity in this matter, by which not only will this grow in favor, but it will be the means of placing many additional copies of that indispensable encyclopedia of medicine, the Guiding Symptoms, in the hands of those who have rejected the Guiding Symptoms because of the immensity of its contents.

Saunders's Year-Book of Medicine and Surgery for 1896.

The demand on the part of the profession for an epitomized record of the medical literature of the year, has brought from many publishers interesting and valuable contributions. The generally excellent judgment exercised by W. B. Saunders has led the profession into placing a very high estimate upon any work passing through his hands, and the American Year-Book of Medicine and Surgery proves no exception to the general rule. The ear-marks of the bigoted editor-in-chief, George M. Gould, may be seen throughout the book and for that reason, the greatest criticism lies in the fact of its being decidedly one-sided in its review, nothing being allowed to appear that did not meet with his approval. Notwithstanding this defect no busy physician can possibly keep abreast with the scientific thought of the day without the possession of this indispensable hand book. It is significant that only about fifty pages are devoted to *materia medica*, while nearly three hundred are given to surgery and gynecology, one hundred to bacteriology, showing conclusively that the dominant school has little faith in their *materia medica*, as a means for the healing of the sick.

Hints and Suggestions as Aids in the Care and Preservation of the Teeth.

This little work of about forty pages, written by Chas. G. Pease, and published by Bærricke, Runyon & Ernesty, New York, is dedicated to the author's comrades in the National Guards, and consequently is intended for the laity in general. Many valuable hints and suggestions have been made in this little work, and especially pertinent is the suggestion that the pathological condition of the teeth possess an intimate relation with the general health of the individual.

Wood's Medical Hand Atlas.—Wm. Wood & Co., of New York, have commenced the publication of a series of Atlases with convenient arrangement for ready reference. This series will consist of five books covering the following subjects:

1. Ophthalmology and Ophthalmoscopic Diagnosis, by Prof. D. O. Haab, Zurich.
2. Nervous System in Health and Disease, by Dr. Chr. Jakob, of Erlangen.
3. Fractures and Dislocations, by Prof. Helferich, of Greifswald.
4. Anatomical Atlas of Obstetric Diagnosis and Therapeutics, by Dr. O. Schaffer.
5. Gynecology, by the same author.

Each of these books will contain from fifty to one hundred or more full page chromo-lithographic plates, beautifully shaded and tinted to secure the proper effects, and facing each page will be found the appropriate descriptive matter.

The plans of the publisher, as we understand it, have been to so condense this work, that the entire field may be so covered that they can bring the entire series within the reach of almost every member of the profession. The set will be sold by subscription at the small price of \$15.00, and undoubtedly will meet with a very favorable reception from the profession at large.

The Atlantic Monthly for April contains the opening chapter of *The Old Things*, a four-page story, by Henry James, one of his delicate and yet dramatic delineations of character. Lafcadio Hearn, at the request of the editor of the *Atlantic*, seeks to set forth the great consequences of the Chinese-Japanese war and its bearing upon western civilization. His article, *China and the Western World* will be read with widespread interest. The second paper in the series of *Race Characteristics in American Life* is by Professor Shaler of Harvard University, on *The Scotch Element in the American People*. The *Presidency and Senator Allison* is the third paper in the series upon *Presidential Candidates*. *Some Memories of Hawthorne*, by his daughter, tell of Hawthorne's life in Italy. *Old-Time Sugar-Making*, by Rowland E. Robinson, is a delightful sketch of a New England industry of a generation ago. Alice Brown gives a charming account of a visit to the town which stood for Cranford in Mrs. Gaskell's classic tale. Other features will be *An Archer's Sojourn in the Okefinokee*, by Maurice Thompson; *A Son of the Revolution*, a short story by Octave Thanet; poems by J. Russell Taylor and Stuart Sterne; Book Reviews, and the usual departments.

Review of Reviews. In a careful review of the South African situation, the editor of the *Review of Reviews* exposes in the March number the unreasonable nature of some of the demands made by the "Uitlanders" on President Kruger's government. The "reforms" in that government are demanded, it is shown, by men who retain their allegiance to Great Britain or the United States, as the case may be, and do not intend to become in good faith citizens in the Transvaal. Although they claim they are made to bear an undue proportion of the burden of taxation, it appears that the Transvaal gets a comparatively small share of the wealth of the gold mines; most of it goes to the "Uitlanders." It is true that the Boers have thus far failed to provide English schools in Johannesburg, but in most non-English-speaking countries it has always been customary for English-speaking colonists to provide English instruction at their own expense. This difficulty will probably be removed, however, in due time, without recourse to any radical change in the government. Both Americans and Englishmen have been freely permitted to enter the Transvaal and engage in mining. This clamor for a change in the institutions of what is to them still a foreign country, albeit an hospitable one, comes with bad grace from these adventurous aliens.

Syphilis in the Middle Ages and in Modern Times, by F. Buret, Paris, published by the F. A. Davis Co., Philadelphia; price \$1.50, net. This forms No. 15 in the *Physician's and Student's Ready Reference Series* and is largely made up from the history of the middle ages, and will prove almost as fascinating as the reading of romance.

REPERTORY OF THE NEW REMEDIES.

MIND.

Absence: Great a. of mind, with difficult comprehension of what is read.
Bi-sulph. of Carbon.

A. of mind and loss of memory. *Polyp. off.*

A. of mind; cannot concentrate the mind on any particular subject.
Rhus ven.

Sadness and anguish; a. of mind. *Solanum.*

Absent-minded: Very a., low-spirited and childish. *Brom. of Potass.*
Very a. *Can. ind.*

A., but the thoughts are clear. *Menisip.*

Accused: Imagines he has been wrongly a. of crime; walks the room,
groaning and wringing his hands. *Brom. of Potass.*

Activity: In spite of the headache, he is still clear in his mind, and more
inclined to mental a. than before. *Badiagu.*

Decided lack of will and mental activity. *Brom. of Potass.*

Increased mental and physical a. *Lycopus.*

Restless a., ready for any amount of work. *Lycopus.*

Acute Mania, with fulness of the blood-vessels of the brain. *Brom. of Potass.*

Agitation: Wandering delirium, with great a. *Santonine.*

Air: Delirium, with picking, and other motions of the hands and fingers in
the a., as if they were in contact with real objects. *Atropia.*

Alienation: Mental a. *Ailanth.*

Loss of memory, and mental a. *Bi-sulph. of Carbon.*

Alone: Feel cross, desire to be alone; company is disagreeable; conversa-
tion is troublesome. *Diosc.*

Dislikes to be a., but has no dread of being a. *Lil. tig.*

Sadness, with desire to be let entirely a. *Tanac.*

Angry: Inclination to be a., to bite. *Bufo.*

Anguish: Intense a. of mind and body. *Cupr. ars.*

Great a. and despair. *Can. ind.*

Gloomy, depressed spirits; disposition to weep; inquietude and excessive
a. *Cedron.*

Sadness and a.; absence of mind. *Solanum.*

Annoyance, and irritation from ordinary conversation. *Ptelea.*

Feels like weeping at trifling annoyances. *Puls. nutt.*

Annoyed: Irritable and lazy, very nervous and low-spirited, annoyed by
trifles. *Tanac.*

Anxiety: Restlessness, with great a. *Ailanth.*

Great a., palpitation, humming in the ears the whole day, and sparks
before the eyes. *Coca.*

- Anxiety:** Death-like sensation, with a. of mind. *Euphorb.*
 A.; incoherency of thought, aversion to study. *Gels.*
 Moral a., indifference, indecision, confusion of thought, fearful of losing the reason, agitation in the evening. *Guar.*
 The whole night a. and feeling of helplessness. *Lith. carb.*
 Great a. and fear of death. *Mygale.*
 Great mental a., pacing backward and forward in the room. *Plant.*
 A. followed by delirium. *Sang.*
- Aphasia:** Amnesic aphasia. *Brom. of Potass.*
- Apprehension:** Great depression of spirits, with fearfulness and apprehension of an impending fatal internal disease. *Lil. tig.*
- Apprehensive:** Indisposed, forgetful, morose, fearful and a. *Formica.*
- Aversion to Society:** A wish to be let alone. *Ptelea.*
 A. to professional labor. *Therid.*
- Buoyancy:** A feeling of b.; desire to move and talk continually. *Calab. bean.*
- Beauty:** A longing for b. and fine scenery. *Datura.*
- Brain** feels so muddled that he cannot read understandingly. *Coca.*
- Bells:** He fancies he hears numberless b. ringing most sweetly. *Can. ind.*
- Breakfast:** Dulness of intellect, which passed away after breakfast. *Carb. ac.*
- Business:** Cerebral irritation from overwork and b. worry. *Hydrob. ac.*
- Calls:** Imagines some one c. him. *Can. ind.*
- Calmness:** Great c. of spirits and cheerfulness. *Chelid.*
 Happy, contented, and quiet mind, with a feeling of c. and strength. *Scutell.*
- Careless:** Mind c., quiet, but easily fretted, and irritable. *Abies can.*
- Cerebral** irritation from overwork and business worry. *Hydrob. ac.*
- Cessation:** Complete c. of the mental faculties. *Solan.*
- Cheeks:** Delirium during pneumonia, with circumscribed red c., worse from 1 to 2 a. m. *Lachn.*
- Cheerful:** At first c., then fretful and peevish. *Ascleb. tub.*
 Depression of spirits alternating with very c. moods. *Senecio.*
- Cheerfulness:** Inward c. and placidity of temper. *Aesc. hip.*
 C. with inclination to sing. *Bi-sulph. of Carb.*
 After supper, until bedtime, c. *Cistus.*
- Child:** Imagined that her child was dead; she saw it lying dead before her. *Brom. of Potass.*
- Childish:** Very absent-minded, low spirited and childish. *Brom. of Potass.*
- Cloud:** Sensation as if a heavy black c. had settled all over her and enveloped her head, so that all was darkness and confusion, while at the same time it weighed like lead upon her heart. *Cimi.*
- Coherently:** Inability to think c. *Tanac.*
- Cold:** An excited, frightened feeling, with cold sweat on the face. *Iberis.*
- Coma:** Stupor, with vomiting, purging and collapse. *Podo.*
- Comatose:** Stupid, c. condition attending typhoid fever. *Gels.*
- Coma:** Confusion of mind, always attended by vertigo, and generally followed by stupefaction and c. *Aesculus glab.*
- Comfort:** A very strange feeling of pleasant ease and c., as if I scarcely touched the earth with my feet, and had to gather my ideas from afar, as if they were floating in the clouds. *Datura.*

Comforted: Night terrors of children, with screaming, cannot recognize, nor be c. by their friends. *Brom. of Potass.*

Complains: Morose and discontented with h.s condition, and complains about it. *Bism.*

Comprehension: Great absence of mind, with difficult c. of what is read. *Bi-sulph. of Carbon.*

Concentrate: Mind confused, with inability to concentrate it upon any subject. *Cornus cir.*

Unable to c. his thoughts. *Eryngium, Ptelea.*

Absence of mind; cannot c. his mind on any particular subject. *Rhus ven.*

Concentration: Weakness of memory and c. *Asclep. tub.*

Difficult c. of mind on any subject. *Myrica.*

Condition: Disposition to weep about his lonesome c. *Lith. carb.*

Condemned himself for imaginary faults. *Myrica.*

Confusion: C. of mind, always attended by vertigo, and generally followed by stupefaction and coma. *Aesc. gl.*

Confusion of intellect; found it almost impossible to add columns of figures correctly; had to go over it several times to get it right. *Ailant. gl.*

C. of ideas, vertigo, and headache between the temples. *Cupr. ars.*

Moral anxiety, indifference, indecision, c. of thought, fearful of losing the reason, agitation in the evening. *Guarana.*

C. of mind, with great mental depression. *Iris.*

Wild feeling in the head, with c. of ideas. *Lil. tig.*

Great mental c. *Ptelea.*

C. of thought, with hurriedness of manner, forgetfulness, with mistakes in writing. *Ptelea.*

C. of mind; impossible to study. *Puls. nutt.*

General c. of ideas—inability to concentrate them on any subject. *Sticta.*

C. of thought. *Tanac.*

C. of mind. *Pilocarp.*

Confused: Mind c., with inability to concentrate it upon any subject. *Cornus cir.*

C. state of the mind. *Santon.*

Dulness of intellect: c.; memory feeble. *Trifol. prat.*

C., and unable to concentrate mind on usual mental labor. *Viburn. op.*

Congestion: Cerebral c., causing insanity. *Ver. vir.*

Consciousness: Loss of c. *Melilotus.*

Sudden and complete loss of c. *Oenanthe.*

Insensibility and loss of c. *Lobel. infl.*

Loss of c.; syncope and general debility. *Merc. cy.*

His head feels very heavy, he loses c. and falls. *Can. ind.*

On regaining c. violent shocks pass through his brain: *Can. ind.*

Contented: Happy, c., and quiet mind, with a feeling of calmness and strength. *Scutell.*

Contradiction: Irritable; could not endure the least c., or receive any suggestions in relation to any subject; all conversation was unpleasant. *Helonias.*

Conversation: Irritable; could not endure the least contradiction, or receive any suggestions in relation to any subject; all c. was unpleasant. *Helonias.*

Conversation: Annoyance and irritation from ordinary c. *Ptelea*.

Feel cross, desire to be alone; company is disagreeable; c. is troublesome. *Diosc.*

He carries on c. with imaginary beings. *Atrop.*

Conversing: When c., had to stop in the middle of a sentence and inquire what he had been talking about. *Atrop.*

Copious: Exhilaration, with c. flow of ideas. *Scutell.*

Crazy: Considers herself c.; has thoughts of suicide. *Origanum.*

Cries: Awoke at midnight with long continued c.; knew that he was crying, but could not help it. *Chin. sulph.*

Crime: Imagines he has been wrongly accused of c.; walks the room, groaning and wringing his hands. *Brom. of Potass.*

Frightful imaginings at night (in latter part of pregnancy); that they have committed or are about to commit some great crime. *Brom. of Potass.*

Restlessness and uneasy conscience, as if she had committed a great c. and could find rest nowhere. *Chelid.*

Cross: C., loses control of temper readily. *Carb. ac.*

C., quarrelsome disposition. *Chelid.*

Feel c., desire to be alone; company is disagreeable; conversation is troublesome. *Diosc.*

Very c. and irritable; feeling as of a weight on the mind. *Fagop.*

Ill-temper and humor; he is c. with everybody. *Nitrate of Uran.*

General malaise; he feels c. and disagreeable. *Nitr. of Uran.*

Feels very irritable, "cross," could not bear to be spoken to; noise vexes. *Puls. nutt.*

Crying: Moaning and c. *Can. ind.*

Awoke at midnight with long continued cries; knew that he was crying, but could not help it. *Chin. sulph.*

Danger: Tries to escape from some imaginary d. *Brom. of Potass.*

Darkness: Horror of d. *Can. ind.*

Dead: Imagined that her child was d.; she saw it lying d. before her. *Brom. of Potass.*

Death: Mental depression, with feeling of approaching d. and great weakness. *Brom. of Potass.*

Fear of d., extreme and continuous. *Cactus.*

Great apprehension of approaching d. *Can. ind.*

Death-like sensation, with anxiety of mind. *Euphorb.*

Fear of d., with difficulty of respiration. *Lobel. infl.*

Dread of approaching d. *Mitchella.*

Great anxiety and fear of death. *Mygale.*

Despondency and fear of d. *Mygale.*

Desire for d. *Origanum.*

Gloomy views of life and dislike of change and excessive dread of d. *Polyg.*

Extreme nervous irritability; fear of d. *Trios.*

Suicidal mania, accompanied with great fear of d. *Aurum ars.*

Debility: Loss of consciousness; syncope and general d. *Merc. cy.*

D. and irritability of the nervous system. *Eupat. Arom.*

Dejected: Miserable, dejected feeling; mind dull and heavy.

Dejection: Mental d. and gloominess. *Asclep. tub.*

D. of spirits. *Bi-sulph. of Carb.*

Depression of spirits; extraordinary d. *Chelid.*

Great d. with exhaustion, and sobbing. *Lobel. infl.*

Delirium: Furious d., especially at night. *Atrop.*

D., with picking, and other motions of the hands and fingers in the air, as if they were in contact with real objects. *Atrop.*

D., furious, with red face and threatened spasms. *Brom. of Camph.*

D., muttering, incoherent, with sleeplessness. *Brom. of Camph.*

D., with nausea, retching, dilated pupils. *Cimic.*

Restlessness, with d. and parched, dry skin. *Chloral hydr.*

D., with red, bloated face, protruded eyes, and pulse 124. *Doryph.*

D. during pneumonia, with circumscribed red cheeks, worse from 1 to 2 a. m. *Lachn.*

Delusions: Profound melancholic d. *Brom. of Potass.*

Profound depression of spirits, with melancholy d. *Brom. of Potass.*

Deep depression, with painful d. *Brom. of Potass.*

D. that lewd women had got into his mother's house. *Brom. of Potass.*

Positive d. of various kinds. *Brom. of Potass.*

The mind is possessed by various d. *Eupat. purp.*

Delirious: D., talking and muttering about business matters. *Doryph.*

D. and restless all night, with talk about his business. *Mygal.*

Rage, imbecility, d. raving. *Solan.*

Delicious: Imagines he hears music, shuts his eyes, and is lost for sometime in the most d. thoughts and dreams. *Can. ind.*

Depression: Continued sighing and d. of spirits. *Ailanth.*

Profound d. of spirits, with melancholy delusions. *Brom. of Potass.*

Mental d., with feeling of approaching death and great weakness. *Brom. of Potass.*

Deep d., with painful delusions. *Brom. of Potass.*

D. of spirits; extraordinary dejection. *Chelid.*

Mental d. *Coca.*

D. of spirits, with dull headache. *Codeine.*

Great d. of spirits, and petulance. *Cornus cir.*

Great d. of spirits. *Diosc., Ustilago.*

Great d. of spirits in evening. *Fagop.*

Confusion of mind, with great mental d. *Iris.*

D. of spirits; mind depressed. *Juglans.*

Great d. of spirits, with fearfulness and apprehension of an impending fatal internal disease. *Lil. tig.*

Great d. of mind. *Lobel. cer.*

Great mental depression. *Lobel. infl.*

D. of spirits. *Mitchella, Naja, Sumbul, Ver. vir.*

Great d. and despondency. *Plant.*

D. of spirits; he imagines he is going to die or be very ill. *Pod.*

Great d., followed by excessive irritability. *Polyg.*

D. of spirits, and inability to follow his work. *Santon.*

D. of spirits alternating with very cheerful moods. *Senec.*

D. of spirits, and gloomy forebodings. *Stilling.*

D. of spirits, with disgust for life. *Thlasp.*

Depression: D. of spirits, followed by great exhilaration. *Thasp.*

Depressed: Remarkably d. in spirits. *Brom. of Potass.*

D., sad, hypochondriacal. *Carb. ac.*

Gloomy, depressed spirits; disposition to weep; inquietude and excessive anguish. *Cedron.*

D. in spirits. *Eryngium.*

Talkative; exclamations; feels extremely d. *Eupat. purp.*

Confusion of mind, with great mental d. *Iris.*

D. of spirits; mind d. *Juglans.*

Gloomy, terribly d., despondent. *Myrica.*

Despondency: Great d.—they feel as if they should go out of their minds.

Brom. of Potass.

D.; low spirits; easily vexed. *Iris.*

D. and fear of death. *Mygale.*

General depression and d. *Plant.*

Great d.; irritability. *Xanthox.*

Despondency. *Chin. sulph.*

Mental d.—in spermatorrhœa. *Cyprip. pub.*

Desire for death. *Origan.*

Feels sad, down-hearted, oppressed, with d. to sigh. *Iberis.*

A feeling of buoyancy; d. to move and talk continually. *Calab. bean.*

Deserted: Imagines she has been d. by all her friends. *Brom. of Potass.*

Despair: Great anguish and d. *Can. ind.*

Desponding: Low-spirited, gloomy, d., irritable. *Polyp. off.*

Sad, d., meditative mood, in the evening. *Senecio.*

Mind dull, exceeding discouraged and d., everything went wrong but dinner. *Penth.*

Despondent: Gloomy, terribly depressed, d. *Myrica.*

D. and gloomy, with loss of memory and great difficulty in expressing her thoughts. *Lil. tig.*

Despairing: Very quiet, full of thoughts, sad, d. *Origan.*

Despised: Deep moroseness, with an idea that she was lost and d. *Origan.*

Disinclination: Feels miserably; cross; sad; d. to perform any labor. *Escul. hip.*

Entire d. to study; what he had accomplished seemed trifling. *Carb. ac.*

Distances: He lost the power of estimating d.; he reached at objects which were across the room, and stumbled on objects which he supposed were far off. *Atrop.*

Die: She thinks she must die. *Chelid.*

Difficulty in concentrating the thoughts. *Calabar bean*

Remarkable slowness of speech, and d. of collecting the ideas and expressing them. *Brom. of Potass.*

Difficult: Great absence of mind, with d. comprehension of what is read. *Bi sulph. of Carb.*

Thinking becomes d. to her, and she easily forgets what she wants to do or has done. *Chelid.*

Dilated: Delirium, with nausea, retching, d. pupils. *Cimic.*

Dimness: Stupefaction, with vertigo and d. of vision. *Phytol.*

Discontented: Morose and d. with his condition, and complains about it. *Bism.*

Disease: Great depression of spirits, with fearfulness and apprehension of an impending fatal internal disease. *Lil. tig.*

Disagreeable: Feel cross, desire to be alone; company is d.; conversation is troublesome. *Diosc.*

Disposition: Cross, quarrelsome d. *Chelid.*

Divine: Imagines that he has been specially singled out for D. vengeance. *Brom. of Potass.*

Dizzy: D. feeling, lassitude, prostration. *Santon.*

Drawn: She seems so d. up from the floor that it seemed difficult to place her foot down when walking, with sufficient firmness to stand. *Euonymus.*

Dread: Dullness of the senses; torpor of the mental faculties, and uneasiness; d. of friends. *Cedron.*

Feels as if frightened; an indefinable d., with trembling. *Iberis.*

Great fear, and d. of insanity. *Lil. tig.*

Dislikes to be alone, but has no d. of being alone. *Lil. tig.*

D. of approaching death. *Mitchella.*

Gloomy views of life and dislike of change and excessive d. of death. *Polyg.*

Dreams: Imagines he hears music, shuts his eyes, and is lost for some time in the most delicious thoughts and d. *Can. ind.*

Does not want to be pleased, and don't want to talk, but wants to sleep, and during sleep, very unpleasant d. *Lil. tig.*

Irritable in evening, with disagreeable d. at night, and unrefreshing sleep. *Lil. tig.*

Restless all night with ridiculous d. *Mygale.*

Dull: Intellect d. and stupid. *Stilling.*

Miserable, dejected feeling; mind dull and heavy. *Cimic.*

Dullness: D. and fullness of the head. *Cupr. ars.*

D. of the mind; sluggishness of the brain. *Calab. bean.*

D. of intellect, which passes away after breakfast. *Carb. ac.*

D. of the senses; torpor of the mental faculties, and uneasiness; dread of friends. *Cedron.*

D. of all the mental faculties. *Gels.*

D. of all the senses. *Tanac.*

D. of intellect; confused; memory feeble. *Trifol. prat.*

Emotion: Upon the slightest e. or thought, forcible pulsation of the heart. *Badiaga.*

Energy: Loss of e. *Coca.*

Enlarged: An e., blurred feeling in the head. *Euonym.*

Enraged: Provoked and e. by the least irritation. *Sumbul.*

Epilepsy: Imagines he has e. *Atrop.*

Eruptions: Gloomy state of mind, with e. of sour air. *Puls. nutt.*

Escape: Tries to e. from some imaginary danger. *Brom. of Potass.*

Event: Inability to recall any thought or e., on account of the number of different thoughts crowding on his brain. *Can. ind.*

Excited: Manner e. and rambling; his hands constantly busy. *Brom. of Potass.*

Exaltation of spirits, with great gait and disposition to laugh at the merest trifle. *Can. ind.*

E. of spirits, with excessive loquacity. *Can. ind.*

Exhilaration: E. with pleasant thoughts. *Cimic.*

Great mental e. *Codeine.*

E. of mind and nervous system. *Cyprip. pub.*

A general mental e. *Eucalypt.*

E., with copious flow of ideas. *Scutell.*

Exhilarated: Spirits e; feels happy. *Fagop.*

Excitement: All mental excitement greatly increases the pain and suffering. *Cistus.*

Great e. and intoxication, without sleep. *Chlor. hydr.*

General mental e. *Eucalypt.*

Nervous e. of hysterical patients. *Gels.*

Excitation: Cerebral e., with sleeplessness at night. *Merc. cy.*

Exclamations: Talkative; e.; feels extremely depressed. *Eupat. purp.*

Exhaustion: Great dejection with e., and sobbing. *Lobel. infl.*

Expressing: Despondent and gloomy, with loss of memory and great difficulty in e. her thoughts. *Lil. tig.*

Expression: Stupid, with lack of e. during menstrual flow. *Lycopus.*

Eyes: Great anxiety, palpitation, humming in the ears the whole day, and sparks before the e. *Coca.*

Delirium, with red bloated face, protruding e. and pulse 124. *Doryph.*

Face: Uncontrollable laughter, till the f. becomes purple, and the back and loins ache. *Can. ind.*

Delirium, with red, bloated f., protruding eyes, and pulse 124. *Doryph.*

Faculties: Dulness of the senses; torpor of the mental f., and uneasiness; dread of friends. *Cedron.*

Dulness of all the mental f. *Gels.*

Torpor of the mental f., and physical languor. *Menisip.*

Complete cessation of the mental f. *Solan.*

Faintness: Vertigo, with f. *Juglans.*

Fancies: He fancies he hears numberless bells ringing most sweetly. *Can. ind.*

Fault: Desires solitude; fault-finding. *Helonias.*

Faults: Condemned himself for imaginary f. *Myrica.*

Fear: F. of death, extreme and continuous. *Cactus.*

He was in constant f. that he would become insane. *Can. ind.*

Great f. and dread of insanity. *Lil. tig.*

F. of insanity, and that, should she become insane, there would be no one to take care of her. *Lil. tig.*

F. of death, with difficulty of respiration. *Lobel. infl.*

Great anxiety and f. of death. *Mygale.*

Despondency and f. of death. *Mygale.*

Extreme nervous irritability; fear of death. *Trios.*

Suicidal mania, accompanied with great f. of death. *Aurum ars.*

Fearful: Indisposed, forgetful, morose, f. and apprehensive. *Formica.*

Moral anxiety, indifference, indecision, confusion of thought, f. of losing the reason, anxiety in the evening. *Guarana.*

Fearfulness: Great depression of spirits, with f. and apprehension of an impending fatal internal disease. *Lil. tig.*

F.; terrible nervous frightened feeling. *Xanth.*

Feats: An irresistible inclination to f. of strength. *Coca.*

Feebleness of intelligence. *Brom. of Potass.*

Feels: His head f. very heavy, he loses consciousness, and falls. *Can. ind.*

Feeling: Lowness of spirits, with a f. as of great languor. *Eriger. can.*

An enlarged, blurred f. in the head. *Euonym.*

Hysterical mood, weeping, sighing, and a f. like homesickness. *Eup. purp.*

Very cross and irritable; f. as of a weight on the mind. *Fago.*

Impatient and restless mood, with dull, stupid f. in the brain. *Plant.*

Mind inactive, with a dull, muddled f. in the head. *Plant.*

Peevish, irritable f., and intolerance of noise. *Ptelea.*

Dull and stupid f. *Ptelea.*

Dizzy f., lassitude, prostration. *Santon.*

Happy, contented, and quiet mind, with a f. of calmness and strength. *Scutell.*

A f. like homesickness. *Senecio.*

Feeling of impending evil, in the afternoon. *Chin. sulph.*

Fingers: Delirium, with picking, and other motions of the hands and f. in the air, as if they were in contact with real objects. *Atrop.*

Finish: He begins a sentence, but cannot f. it, because he forgets what he intended to write or speak. *Can. ind.*

Figures: Confusion of intellect, found it almost impossible to add columns of f. correctly; had to go over it several times to get it right. *Ailant. gl.*

Fixed ideas. *Can. ind.*

Floating: A very strange feeling of pleasant ease and comfort, as if I scarcely touched the earth with my feet, and had to gather my ideas from afar, as if they were f. in the clouds. *Datura.*

Her legs felt as if f. in the air; she felt light and airy, without any sensation of resting on the bed. *Sticta.*

Forebodings: Depression of spirits, with gloomy f. *Stilling.*

Forgot: Forgot what they had to do; sought for things which were lying before them; could not find the right words when speaking. *Bi-sulph. of Carb.*

Loss of memory; he forgets how to talk. *Brom. of Potass.*

Forgets: He begins a sentence, but cannot finish it, because he forgets what he intended to write or speak. *Can. ind.*

Thinking becomes difficult to her, and she easily f. what she wants to do or has done. *Chelid.*

Forgetful: Indisposed, f., morose, fearful and apprehensive. *Form.*

Forgetfulness: F.; very forgetful. *Mitchella.*

Forgetting: Constantly f. *Gymnoc.*

Fretted: Mind careless, quiet, but easily f., and irritable. *Abis can.*

Fretful: At first cheerful, then f. and peevish. *Asclep. tub.*

Irritable; f.; angry at trifles; hysterical. *Cyprip. pubes.*

F. temper; *Oleum jec. ase.*

F. and irritable at very slight cause. *Ptelea.*

Frightful: F. imaginings at night (in latter part of pregnancy); that they have committed or are about to commit some great crime. *Brom. of Potass.*

Frightened: Feels as if f.; indefinable dread, with trembling. *Iberis.*
An excited, f. feeling, with cold sweat on the face. *Iberis.*
Fearfulness; terrible nervous f. feeling. *Nanth.*

Furlous: F.; was obliged to lock prover in his room. *Melilotus.*
Disturbances of intellect; mad and f. as if drunk. *Ananthe.*
F. delirium, especially at night. *Atrop.*
Delirium, f., with red face and threatened spasms. *Brom. of Camph.*

Fulness: Dulness and fulness of the head. *Cupr. ars.*

Future: Gloomy ideas relative to his present and f. condition, with weeping, moaning, and wringing of hands. *Brom. of Potass.*

Fun: Exaltation of spirits, with great gaiety and disposition to laugh at the merest trifle. *Can. ind.*

Gay: Very mirthful disposition; inclined to be g., witty and smiling. *Sumbul.*

Giddiness: G., with heaviness of the head. *Bufo.*

Giddy: G. on attempting to rise. *Formica.*

Gloominess: Mental dejection and g. *Asclep. tuber.*

Gloomy: G. and cast down for several days. *Bapt.*
G. ideas relative to his present and future condition, with weeping, moaning, and wringing of hands. *Brom. of Potass.*
G., depressed spirits; disposition to weep; ingratitude and excessive anguish. *Cedron.*
G., terribly depressed, despondent. *Myrica.*
Despondent and g., with loss of memory and great difficulty in expressing her thoughts. *Lil. tigr.*
Mind very g. and irritable. *Phytol.*
G. views of life and dislike of change and excessive dread of death. *Polyg.*
Low spirited, g., desponding, irritable. *Polyp. off.*
G. state of mind, with eructations of sour air. *Puls. nutt.*
Great sadness, no desire to live; everything seems g. *Rhus ven.*
Depression of spirits, with g. forebodings. *Stilling.*

Grieved: She feels g., troubled, with sighing. *Cimic.*

Ground: Vertigo; the g. seems to waver under his feet. *Brom. of Sod.*

Hands: Delirium, with picking, and other motions of the h. and fingers in the air, as if they were in contact with real objects. *Atrop.*
Imagines he has been wrongly accused of crime; walks the room, groaning and wringing his h. *Brom. of Potass.*
Gloomy ideas relative to his present and future condition, with weeping, moaning, and wringing of h. *Brom. of Potass.*
Manner excited and rambling; his hands constantly busy. *Brom. of Potass.*

Hallucinations: Stupid; difficult to collect his ideas, then laughs without a cause, talks incessantly and disconnectedly, frequently looks about him, with apparent h. *Salic. ac.*

Happy: Spirits exhilarated; feels happy. *Fago.*
H., contented, and quiet mind, with a feeling of calmness and strength. *Scutell.*

- Head:** Giddiness, with heaviness of the h. *Bufo.*
 Wild feeling in the h., with confusion of ideas. *Lil. tig.*
- Heaviness:** Stupor, heaviness, sleepiness. *Sang.*
 Giddiness, with h. of the head. *Bufo.*
- Hell:** Believes herself in h., in chains. *Origan.*
- Helplessness:** The whole night anxiety and feeling of h. *Lith. carb.*
- Himself:** Talks about h. in the third person. *Oleum jec. ase.*
- Homesickness:** Hysterical mood, weeping, sighing, and a feeling like h. *Eupat. purp.*
 A feeling like h. *Senecio.*
- Hopefulness:** H., sanguine of recovery from illness. *Sang.*
- Humming:** Great anxiety, palpitation, h. in the ears the whole day, and sparks before the eyes. *Coca.*
- Hypochondria:** Peevish temper; h. *Coca.*
 H. and invincible sadness; unusual melancholy. *Cactus.*
- Hypochondriacal:** Depressed, sad, h. *Carb. ac.*
- Hypochondriac:** H. mood, from disorder of the liver. *Podo.*
- Hysterical:** Irritable; fretful; angry at trifles; h. *Cyprip. pubes.*
 H. mood, weeping, sighing, and a feeling like homesickness. *Eupat. purp.*
 Fits of h. laughter and tears. *Sumbul.*
- Ideas:** Confusion of i., vertigo, and headache between the temples. *Cupr. ars.*
 Remarkable slowness of speech, and difficulty of collecting the i., and expressing them. *Brom. of Potass.*
 Gloomy i. relative to his present and future condition, with weeping, moaning, and wringing of hands. *Brom. of Potass.*
 His mind is filled with ridiculous speculative i. *Can. ind.*
 Fixed i. *Can. ind.*
 Wild feeling in the head, with confusion of ideas. *Lil. tig.*
 Can't think of anything; i. comes slowly. *Oleum caj.*
 Lascivious i., with sexual irritation. *Origan.*
 Exhilaration, with copious flow of i. *Scutell.*
 General confusion of i.--inability to concentrate them on any subject. *Sticta.*
 Stupid; difficult to collect his i., then laughs without cause, talks incessantly and disconnectedly, frequently looks about him, with apparent hallucinations. *Salic. ac.*
- Ill:** Depression of spirits; he imagines he is going to die or be very ill. *Podo.*
- Ill-temper:** I. and humor; he is cross with everybody. *Nitrate of Uran.*
- Illusions:** Rambling, incoherent speech, spectral illusions, with frequent fits of wild, uncontrollable laughter. *Atrop.*
- Images:** I. he has epilepsy. *Atrop.*
 I. he cannot get himself together, as if the pieces of his body were scattered about. *Bapt.*
 I. that he has been specially singled out for Divine vengeance. *Brom. of Potass.*
 I. he has been wrongly accused of crime; walks the room, groaning and wringing his hands. *Brom. of Potass.*

Imagines: I. he is gradually swelling, and that his body is becoming larger and larger. *Can. ind.*

I. some one calls him. *Can. ind.*

I. he hears music, shuts his eyes, and is lost for sometime in the most delicious thoughts and dreams. *Can. ind.*

I. strange objects about the bed, as rats, sheep, etc. *Cimic.*

Imaginary: He carries on conversations with i. beings. *Atrop.*

Condemned himself for i. faults. *Myrica.*

Imaginations conjure up wonderful visions; consisting of indescribably beautiful and delightful forms, or horrid figures. *Coca.*

Impatient and restless mood, with dull, stupid feeling in the brain. *Plant.*

Inability to concentrate mental effort; compelled to read a subject several times to get even a misty understanding of it. *Ailant. gl.*

I. to recall any thought or event, on account of the number of different thoughts crowding on his brain. *Can. ind.*

I. to concentrate the thoughts. *Plat'a.*

Depression of spirits, and i. to follow his work. *Santon.*

Great inability to confine the mind to study. *Scutell.*

I. to fix the mind on any one subject for any length of time. *Senecio.*

General confusion of ideas—i. to concentrate them on any subject. *Sticta.*

Incapacity: I. for thought. *Chelid.*

Complete i. for mental exertion, with headache. *Ptelea.*

Incoherency: Anxiety; i. of thought, aversion to study. *Gels.*

Indolence: Feeling of i., and loss of energy. *Cornus cir.*

Melancholy. Loss of will power. Mental i. *Brom. of Potass.*

Indisposed: I., forgetful, morose, fearful and apprehensive. *Formica.*

Incoherent: Rambling, i. speech, spectral illusions, with frequent fits of wild uncontrollable laughter. *Atrop.*

I. talking. *Can. ind.*

Wandering of the mind; i. talking. *Chlor. hydr.*

Increases: All mental excitement greatly i. the suffering. *Cistus.*

Inactive: Mind inactive, with a dull muddled feeling in the head. *Plant.*

Indifference: Stoical i. to whatever happens. *Ailant.*

Drowsiness with i. *Cornus cir.*

Profound i. to everything. *Cyprip. pubes.*

Weakness of memory, with much i. to surrounding objects. *Rhus glab.*

Insane: He was in constant fear that he would become i. *Can. ind.*

Fear of insanity, and that, should she become i., there would be no one to take care of her. *Lil. tigr.*

Insanity: Fear of i., and that, should she become insane, there would be no one to take care of her. *Lil. tigr.*

Suicidal i. *Naj.*

I.—recurring with the headache. *Valer. of Zinc.*

Insulted: She fancied the boarders in the hotel i. her. *Brom. of Potass.*

Internal: Great depression of spirits, with fearfulness and apprehension of an impending fatal i. disease. *Lil. tig.*

Intelligence: Feebleness of i. *Brom. of Potass.*

Intoxication: A kind of i. *Cupr. ars.*

Iracible: Vehement and i. *Bi-sulph. of Carb.*

Irritation: Annoyance and i. from ordinary conversation. *Ptelea.*

Sleeplessness from mental or emotional i. *Hydrob. ac.*

Intellect: Confusion of i.; found it almost impossible to add columns of figures correctly; had to go over it several times to get it right
Ailant.

Dullness of i., which passed away after breakfast. *Carb. ac.*

Disturbances of i.; mad and furious as if drunk. *Ananthe.*

I. dull and stupid. *Stilling.*

Dullness of i.; confused; memory feeble. *Trifol. prat.*

Irritability: Debility and i. of the nervous system. *Eupat. arom.*

Great depression, followed by excessive i. *Polyg.*

Low-spirited, with great i. *Robinia.*

Extreme nervous i.; fear of death. *Trios.*

Great despondency; i. *Xanth.*

Irritated: Very easily i. at trifles. *Chlor. hydr.*

Irritable: Mind careless, quiet, but easily fretted, and i. *Abies can.*

I.; fretful; angry at trifles; hysterical. *Cyprip. pubes.*

I. temper. *Doryph.*

Very cross and i.; feeling as of a weight on the mind. *Fagop.*

Opposite mental states; she feels nervous and i., and yet she feels jolly.

Lil. tig.

I. in evening, with disagreeable dreams at night, and unrefreshing sleep.

Lil. tig.

Mind very gloomy and i. *Phytol.*

Very irritable and morose temper; worse in the evening. *Plant.*

Low-spirited, gloomy, desponding, i. *Polyg. off.*

Fretful and i. at very slight cause. *Ptelea.*

Peevish, irritable feeling, and intolerance of noise. *Ptelea.*

Feels very i. "cross," could not bear to be spoken to; noise vexes. *Puls. nutt.*

I. and lazy, very nervous and low-spirited, annoyed by trifles. *Tanac.*

Isolation: A peculiar sensation of i. from the outer world. *Coca.*

Jolly: Opposite mental states; she feels nervous and irritable, and yet she feels jolly. *Lil. tig.*

Labor. Feels miserably; cross; sad; disinclination to perform any l. *Æsc. hip.*

Great languor and indisposition for either mental or physical l. *Ptelea.*

Mental l. increases the pain. *Rhus ven.*

Aversion to professional l. *Therid.*

Confused, and unable to concentrate mind on usual mental l. *Viburn. op.*

Languor: Great l. and indisposition for either mental or physical labor.
Ptelea.

Torpor of the mental faculties, with physical l. *Menisp.*

Larger: Imagines he is gradually swelling, and that his body is becoming l. and l. *Can. ind.*

Lascivious: Dreams l., with frequent waking; wakes trembling. *Origan.*
L. ideas, with sexual irritation. *Origan.*

Lassitude: Dizzy feeling, l., prostration. *Santon.*

A sense of quiet, or mental l. *Cyprip. pubes.*

Laugh: Exaltation of spirits, with great gaiety and disposition to l. at the merest trifles. *Can. ind.*

Laughs: Full of fun and mischief, and l. immoderately. *Can. ind.*

l. indiscriminately at every word said to him. *Can. ind.*

Stupid; difficult to collect his ideas, then l. without a cause, talks incessantly and disconnectedly, frequently looks about him, with apparent hallucinations. *Salic. ac.*

Laughing: Alternate paroxysms of weeping and laughing. *Brom. of Camph.*

L. and weeping moods in alternation. *Thasp.*

Laughter: Rambling, incoherent speech, spectral illusions, with frequent fits of wild uncontrollable l. *Atrop.*

Uncontrollable l., till the face becomes purple, and the back and loins ache. *Can. ind.*

Fits of hysterical l. and tears. *Sumbul.*

Lazy: Irritable and l., very nervous and low-spirited, annoyed at trifles. *Tanac.*

Legs: Her legs felt as if floating in the air; she felt light and airy, without any sensation of resting on the bed. *Sticta.*

Lewd: Delusions that l. women had got into his mother's house. *Brom. of Potass.*

Lie: Malaise of body and mind; desire to l. down and think of nothing at all. *Ptelea.*

Life: Imagined his l. was threatened by members of his family. *Brom. of Potass.*

Light: Her legs felt as if floating in the air; she felt l. and airy, without any sensation of resting on the bed. *Sticta.*

Listen: Inability to study, think, or listen to lectures. *Cyprip. pubes.*

Live: Great sadness, no desire to l.; everything seems gloomy. *Rhus ven.*

Lonesome: Disposition to weep about his l. condition. *Lith. carb.*

Longing: A l. for beauty and fine scenery. *Datura.*

Loquacity: Exaltation of spirits, with excessive l. *Can. ind.*

Great l., afterwards stupid and irritable. *Lachn.*

Lose: Every few moments he would l. himself, and then wake up, as it were, to those around him. *Can. ind.*

Loss: L. of memory. *Ailanth.*

l. of memory, and mental alienation. *Bi-sulph. of Carb.*

L. of memory. He forgot how to talk. *Brom. of Potass.*

L. of energy. *Coca.*

Feeling of indolence, and loss of energy. *Cornus cir.*

L. of consciousness; syncope and general debility. *Merc. cy.*

Despondent and gloomy, with l. of memory and great difficulty in expressing her thoughts. *Lil. tigr.*

Absence of mind and l. of memory. *Polyp. off.*

Melancholy. L. of will power. Mental indolence. *Brom. of Sod.*

Loss of consciousness. *Melilotus.*

Lost: Deep moroseness, with an idea that she was l. and despised. *Origan.*

Lowness: L. of spirits, with a feeling of great languor. *Erig. can.*

Low-spirited: Very absent-minded, l. and childish. *Brom. of Potass.*

Very l., but attends to business with rapidity. *Menisp.*

Low-spirited: L., gloomy, desponding, irritable. *Polyp. off.*

L., with great irritability. *Robinia.*

Irritable and lazy, very nervous and l., annoyed by trifles. *Tunac.*

Lying: Imagined that her child was dead; she saw it l. dead before her.
Brom. of Potass.

Forgot what they had to do; sought for things which were l. before them; could not find the right words when speaking. *Bi-sulph of Carb.*

Mad: Disturbances of intellect; m. and furious as if drunk. *Ananthe.*

Malaise: General m.; he feels cross and disagreeable. *Nitrate of Uran.*

M. of body and mind; desire to lie down and think of nothing at all.
Ptelea.

Mania: Acute m., with fulness of the blood-vessels of the brain. *Brom. of Potass.*

Manner excited and rambling; his hands constantly busy. *Brom. of Potass.*

Performs his duties in a perfunctory m. *Ptelea.*

Confusion of thought, with hurriedness of m., forgetfulness, with mistakes in writing. *Ptelea.*

Performs his duties in a perfunctory m. *Ptelea.*

Melancholic: Profound m. delusions. *Brom. of Potass.*

Melancholy: Profound depression of spirits, with m. delusions. *Brom. of Potass.*

Most intense m., attended with fits of uncontrollable weeping. *Brom. of Potass.*

Great m., with sleeplessness. *Cimic.*

Melancholy and desponding mood. *Cela.*

M. and hypochondria. *Hypr. of Pot.*

M. Loss of will power. Mental indolence. *Brom. of Sod.*

Memory: Loss of m. *Ailanth.*

Weakness of m. and concentration. *Asclep. tub.*

Loss of m., and mental alienation. *Bi sulph. of Carb.*

Loss of m. He forgot how to talk. *Brom. of Potass.*

Very irritable, with dullness of mind and loss of m. *Iberis.*

Despondent and gloomy, with loss of m. and great difficulty in expressing her thoughts. *Lil. tig.*

Absence of mind and loss of m. *Polyp. off.*

Extraordinary weakness of m.; inability to read names. *Ptelea.*

Weakness of m., with much indifference to surrounding objects. *Rhus glab.*

Dullness of intellect; confused; m. feeble. *Trifol. prat.*

Mental: Inability to concentrate m. effort; compelled to read a subject several times to get even a misty understanding of it. *Ailanth.*

Mental alienation. *Ailanth.*

In spite of the headache, he is still clear in his mind, and more inclined to m. activity than before. *Badiaga.*

Loss of memory, and m. alienation. *Bi-sulph. of Carb.*

Decided lack of will and m. activity. *Brom. of Potass.*

M. depression, with feeling of approaching death and great weakness.
Brom. of Potass.

Mental: Dullness of senses; torpor of the m. faculties, and uneasiness; dread of friends. *Cedron.*

All m. excitement greatly increases the suffering. *Cistus.*

Great m. exhilaration. *Codeine.*

M. depression. *Coca.*

A sense of quiet or m. lassitude. *Cyprip. pubes.*

M. despondency—in spermatorrhœa. *Cyprip. pubes.*

General m. excitement. *Eucalyptus.*

A general m. exhilaration. *Eucalyptus.*

Dullness of all the m. faculties. *Gels.*

Confusion of mind, with great m. depression. *Iris.*

Opposite m. states; she feels nervous and irritable, and yet she is jolly.

Lil. tig.

Great m. depression. *Lobel. infl.*

Increased m. and physical activity. *Lycopus.*

Torpor of the m. faculties, with physical languor. *Menisp.*

Great m. anxiety, pacing backward and forward in the room. *Plant.*

Great languor and indisposition for either m. or physical labor. *Ptelea.*

Complete incapacity for m. exertion, with headache. *Ptelea.*

Great m. confusion. *Ptelea.*

Desire to shrink from every m. work. *Ptelea.*

M. labor increases the pain. *Rhus ven.*

Complete cessation of the m. faculties. *Solan.*

Melancholy. Loss of will power. Mental indolence. *Brom. of Potass.*

Sleeplessness from m. or emotional irritation. *Hydrop. ac.*

Confused and unable to concentrate mind on usual m. labor. *Viburn. op.*

Middle: When conversing, had to stop in the m. of a sentence and inquire what he had been talking about. *Atrop.*

Midnight: Awoke at m. with long continued cries, knew that he was crying, but could not help it. *Chin. sulph.*

Mind careless, quiet, but easily fretted, and irritable. *Abis. can.*

Confusion of m., always attended by vertigo, and generally followed by stupefaction and coma. *Aescul. gl.*

Intense anguish of m. and body. *Cupr. ars.*

In spite of the headache, he is still clear in his m., and more inclined to mental activity than before. *Badiaga.*

Indisposition and want of power to think; unhappy; m. seems weak. *Bapt.*

Great absence of m., with difficult comprehension of what is read. *Bi-sulph. of Carb.*

Great despondency—they feel as if they should go out of their minds. *Brom. of Potass.*

Dullness of m.; sluggishness of the brain. *Calab. bean.*

His m. is filled with ridiculous speculative ideas. *Can. ind.*

Miserable, dejected feeling; m. dull and heavy. *Cimic.*

M. much clearer. *Coca.*

Inability to apply the mind. *Codeine.*

Wandering of the m.; incoherent talking. *Chlor. hydr.*

Exhilaration of m. and nervous system. *Cyprip. pubes.*

A sense of weight and oppression on the mind. *Cyprip. pubes.*

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Materia Médica.

ANALYTIC STUDY OF ACONITUM.

EDWARD FORNIAS, M. D., PHILADELPHIA, PA.

NERVOUS SYSTEM.

1. NERVOUS CENTRES.—Directly or indirectly, this drug throws out of gear the nervous mechanism (thermic centres), which regulates the production and expenditure of heat, disturbing the proper balance between these two processes, giving rise to a *fever of true inflammatory character* (synocha), without any blood changes or especial localizations, and attended by *increased thermogenesis, pulse-rate and respiration, diminished secretions, abnormal general sensations*, and other phenomena to be considered.

2. DISORDERS OF SENSATION AND MOTION.—The chief *sensory* symptoms are *violent chill or feelings of chilliness*, often associated with the *motor* symptoms of shivering, which may be limited to chattering of the teeth, from clonic spasm of the muscles supplied by the motor part of the fifth nucleus, or may extend to the whole body, causing severe shaking; or the cold sensation may *alternate* with sensations of flushing and heat, which are then referred to the vaso-motor system and get the name of vaso-motor phenomena. Other important sensory phenomena are: *burning, tingling, numbness, bruised feeling, lameness, exquisitely painful sensitiveness of the parts, with intolerance of touch*, and intolerable pains (shooting, tearing, drawing)

especially at night, causing continual wailing or crying. The headache is characteristic, *congestive, throbbing, lancinating; increased* by talking, motion, stooping and noise; *relieved* by repose; and attended with febrile heat, hot perspiration on the head and redness of the face and eyes; or it may be *pressing* from *within outward*. Its location is the *forehead* and *temples*, involving the eyes and upper jaw. A common motor disorder, attending the fever of Aconitum, is an *extreme restlessness*, or incessant tossing about, almost always associated with *anxiety*, and *insomnia*. Spasmodic yawning, starting, and twitches of single muscles, are by no means rare.

3. MIND.—The disturbance of the mental functions is principally expressed by an *inconsolable anxiety*, with *agonized tossing about, pitiable wailing*, and FEAR AND FOREBODING OF APPROACHING DEATH. The mood is changeable, now full of mirth, now inclined to tears. The patient is peevish, irritable, impatient or sad, disponding, pusillanimous. He reproaches others for mere trifles; has fear of losing his reason; is apprehensive of the future; and *afraid of a crowd or of crossing busy streets*. The hallucinations, outcries in sleep, muttering or foolish talk belong to the fever. Delirium may be present, especially at night, but the *sensorium is never depressed enough for the patient to fall into stupor*. *Vertigo*, when rising from a *recumbent posture*, is characteristic of Aconitum.

4. SYSTEMIC CIRCULATION.—The blood is altered in its distribution, but not in its quality. No contamination by specific virus or pyrogenic material does take place. The arterial current is powerfully excited, the capillaries are paralyzed, and as a result we have acute engorgement and inflammation of all the tissues and organs of the body, especially of the brain, spinal cord, serous and mucous membranes, muscles and joints. Evidences of such results are notably exhibited on the mucous membranes of the eye, nose, and fauces, where together with tumefaction, heat, dryness, painful phenomena and impairment of function, we may notice blood injection to the degree of bursting and bleeding of small arteries.

VASCULAR SYSTEM.

5. PULMONIC CIRCULATION.—The passage of blood through the lungs is necessarily spurred into activity by the vascular storm, and so *the action of the heart is tumultuous and irregular*,

the arterial tension is increased, the *pulse* is *accelerated* and *hard*, the *breathing* is *laborious* and *frequent*, and in consequence of the struggle hæmatosis may become defective and precordial anxiety supervene. Both the heart and lungs are congested.

6. HEART.—The central organ of circulation, however, is not alone affected by the stormy blood-flow, but also by the direct action of this drug, upon all its structures. Leading phenomena of this action are: *Palpitation, cardiac oppression, syncope*; and death from asphyxia by cardiac paralysis has occurred under fatal doses. *Palpitation* which is *worse* when *walking*. *Violent palpitation, with great anxiety, during repose as well as in motion*. Oppression, especially in the region of the heart, when moving fast or ascending, (*Arsenicum*). Precordial anguish, with *fear of death*, and rapid and powerful action of the heart. Attacks of *stabbing* pains, extending from the heart *down the left arm*, with *numbness* and *tingling* in the *fingers*. *Lancinating stitches in the region of the heart, preventing the patient from assuming an erect posture or taking a deep inspiration*. Functional disorders; no organic lesion.

GLANDULAR ORGANS.

7. SECRETIONS AND EXCRETIONS.—Assertions to the contrary notwithstanding, *Aconitum* must in some measure affect the metabolism of the body, for its pathogenesis shows that there is retention of water in the system, viz., the scanty, fiery, high-colored urine and the almost total absence of perspiration. Accompanying the diminished elimination of water, the skin and mucous membranes are dry, the salivary, biliary, gastric and enteric secretion deficient, and probably these facts explain the intense thirst, the dryness of the mouth, the furriness of the tongue, the nausea and vomiting, the gagging and retching, the constipation, and painful, scanty or clay-colored stools; whilst it is easy to understand that such changes should spoil the appetite (anorexia or loathing of food), cause the breath to be offensive, and create abnormal sensations of taste in the mouth (bitter, putrid, sweetish, or like rotten eggs).

MUCOUS MEMBRANES.

8. CONGESTION AND INFLAMMATION.—Dryness, heat, redness, tumefaction, pain, and impairment of function, with chilliness, fever, full, hard, bounding pulse, intense thirst, extreme restlessness, and anguish of mind. Other attending symptoms, especially abnormal sensations, varying with location.

NASAL LOCALIZATION.—The nasal mucosa is *dry and irritable*. Distressing, *pressive* pain at the *root of the nose*. A *weight* in the *frontal* region, indicating *engorgement* of the frontal sinuses, which is sometimes *relieved by nose-bleed*. In very acute cases the nose may feel painful even up to the cribriform plate. Coryza with *violent sneezing*, (*Saba.*, *Sang.*) caused by *dry, cold air or wind*. Coryza, dry, with headache and roaring in the ears. A thin, watery fluid, from the mucous lining of the nose and contiguous cavities, may run through the nostrils. *Epistaxis*, *blood bright red*.

FAUCIAL LOCALIZATION.—Hyperæmic condition of the fauces and pharynx, with deep redness of the parts and more or less febrile evolution. The whole space feels *dry, rough and scraped*, with *difficulty of swallowing*, *as if something had stuck in the throat*. Burning and *stinging* in the throat, palate and along the Eustachian tube, with itching of the external meatus. *Heat and dryness* in the throat, which feels very *sore and raw*. A *feeling as though a tough phlegm were collecting*, causes a *hemming*. Stitches flying through the fauces or along the Eustachian tube to the ear. Burning and *numbness* in the throat (*Caps.*). Piercing choking, at first on the left, then on the right side, especially when swallowing or talking. *Numbness, tingling*, biting, piercing and burning of the tongue.

LARYNGEAL AND TRACHEAL LOCALIZATION.—Larynx *sensitive to touch* and to the *inhaled* air, as if it were deprived of its mucous lining. The feeling of *compression, rawness and roughness* in the larynx and along the trachea, are as marked as the *dryness*, which often give rise to a *short, frequent, hacking cough*. In fact this irritative condition is often the origin, not only of a dry, hacking cough, but of a forcible one, with bloody taste and expectoration, and this is particularly the case on coming *from the open air* into a *warm room* (*Ran. bulb.*). A dry, painful cough may also be excited by a persisting tickling, but a hard, *paroxysmal*, croaking cough, with *suffocative spasms* (false croup), from spasmodic closure of the glottis, is most characteristic. *Anxious and laborious breathing*.

PULMONARY LOCALIZATION.—Vascular engorgement of the mucous lining of bronchi and lungs, with bursting of the arterioles and hemorrhages. Hæmoptysis, the blood comes up with an easy hawking, hemming or slight cough. *Intense dyspœa*, with a *feeling of fullness and weight upon the chest*, associated

with *restlessness, anxiety and palpitation*. "Frequent deep inspiration, not sighing, but like a desire to accelerate the course of the blood through the lungs," (Zlatarovich). Heat and burning in the lungs. Pleuritic stitches about the chest, in the intercostal spaces, usually ill-defined, and low on the right side, aggravated by deep inspiration. *Cannot lie but on the back.*

SKIN.

9. CUTANEOUS SURFACE.—All degrees of commencing and incomplete anæsthesia. *Tingling, prickling, numbness*. Itching. *Dryness and burning heat*. Red, shining, hot swellings, especially about the joints, with intolerable pains. Rubeolous rash. Spots like flea-bites. Papular erythema. Jaundiced skin.

JOINTS AND MUSCLES.

10. FIBROUS AND MUSCULAR TISSUES.—Rheumatic inflammation of the joints, with *intense, bright red, shining* swelling and intolerable *lancinating, cutting pains, especially at night*. *Sensitiveness to the least contact*. Affected parts feel weak, lame and numb. Drawing, tearing pains in the joints of the hands and fingers; in the tendinous expansion of the legs and feet; in the shoulder-joint; in the left hip-joint. Shooting pains, tearing, erratic, in arms, forearms, wrists and finger-joints, or in legs, knees, ankles and toes. Dull shooting or firmly seated pains in isolated muscle-groups, as well as in the joints. *Lameness and numbness* of the muscles, especially of the *left arm*. Weakness and relaxation of the ligaments of all the joints. Great lassitude of the legs and weariness and heaviness of the feet. *Numbness, tingling, and paralytic weakness* of the *upper and lower extremities*, with algidity, and insensibility of hands and feet. Arms hang powerless and tired, or stiff and numb. Pressive, drawing, tearing, creeping and numb sensations in various parts of the back. Numbness and bruised feeling in small of back, extending into the legs. Painful stiff-neck, with tearing pains.

Obstetrics.

PULSATILLA.—PENSIVE.

L. C. M'ELWEE, M. D., ST. LOUIS.

Professor Materia Medica, Homœopathic Medical College of Missouri.

The average man or woman is often sad and possibly even blue, but I fancy there is nothing that is so well calculated to make one pensive, as to have it heralded about that one is the champion actor of a certain difficult role, when he is conscious that he is utterly unable to perform the feats ascribed to him, and is in the worse position of not being able to stop the laudations of his enthusiastic friends, who in the enthusiasm of admiration have claimed more for him than he is able to perform.

For this same reason I opine that if capable of expressing her reason for sadness and tearfulness, Pulsatilla would say it was largely due to the claims that are made for her, and which she is unable to substantiate, the especial one being her much vaunted ability to rectify mal-positions of a fœtus in utero.

I have attended quite enough cases of labor where there was a malposition present, to begin to pass judgment on this time-honored dogma, and am forced to confess that in not a single case where it has been exhibited for the purpose of correcting such a state of affairs, have I ever seen a *particle of result follow its use*.

Nearly all the text books ascribe the power of indiscriminately correcting these wrong positions to this drug, and Farrington goes into a rhetorical backward summersault to prove it, though he made no mention of a single case of the kind he had ever seen to verify it, nor can I find on record but two cases, reported in the *Homœopathic Times* in May, 1878, and referred to by Dr. Hughes in his pharmacodynamics.

Inquiry amongst the best obstetricians and those who have had the largest experience of our school, elicits the fact that in the particular under consideration, Pulsatilla is utterly useless, and worse than inert, because the time that is wasted in waiting for it to restore the proper order of things, might be very profitably devoted to something better and more certainly efficient.

Farrington is the most unequivocal advocate of the doctrine herein questioned, and he says: "Then again it may correct malpositions of the foetus in utero. Now I know I am venturing on debatable ground. Now I do not mean to say that Pulsatilla will make the foetus turn around, but I do mean to say that Pulsatilla will act on the muscular walls of the uterus and stimulate their growth."

Sometimes the uterus in its growth during pregnancy, develops more on one side than the other, hence there is irregularity in its development and the foetus must assume an irregular position."

"Pulsatilla, by altering the growth of the uterus, permits the foetus to assume its natural position."

The position here taken, although assumed by the leader of the profession of the later days, is untenable because not practical, nor capable of demonstration, and in the second clause of his gymnastic movement he enters a specific denial of the principal claim made at setting out, although he at last qualifies it to so great extent as to render it useless as far as a practical precept to be followed, leaving the indications too vague to be guided by in the hour of trial when the future of the infant and often the doctor depend on the issue of the case in point. Besides, how many of us are given to the habit, or are permitted to examine a future parturient patient thoroughly enough, and are sufficiently expert to determine whether the uterus is unequally developed or not; and who has not had cases where there appeared to be, or really was a wrong position at the seventh month, and when the full time was completed, found that the position was correct, yet the patient had not had any Pulsatilla, nor any other medication with the view of correcting the malposition.

Dr. Hughes (above referred to) says that "there are several cases (see *supra*), recorded that leave little doubt but that in false presentations Pulsatilla favors spontaneous version," though he cites no instance in his own practice where such has been the case, which is his universal custom when a decided action of a drug is under consideration.

Dunham either didn't believe in this idea, or didn't care to commit himself on the point, for he dismisses the subject with the remark that "Pulsatilla appears to stimulate the action of the uterus during labor, when the pains are diminished, or become ineffectual,"—an action not questioned.

It remains for Constantine Hering to place in his *Guiding*

Symptoms the unequivocal statement that Pulsatilla will turn a foetus around in utero, and do so during parturition, but the case that he cites as proof, destroys all the confidence one would have in the statement if it had not been cited, and even weakens the implicit confidence one is prone to have in this reliable author.

The case he cites is as follows: "One month before proper time the patient was seized with labor pains; os dilated about the size of a silver dollar, pains nearly an hour apart; although finger could be passed a considerable distance into the uterus, head could not be felt, but by palpation was detected near the fundus; after Pulsatilla, pains ceased; next month head presented. Another instance is as follows: "During first stage of labor, child was laying transversely (first position, shoulder presenting) in thirty minutes vertex presented." This latter without stating whether Pulsatilla or anything else was given. These two cases, coupled with the two cases above referred to form the basis and sole authority for the dogmatic assertion that so many blindly pin their faith to, and give a remedy to do something that it never for a moment has pretended to do, according to the evidence yet brought before us.

After having arrived at the conclusion that the position of the foetus in utero is neither due to the action of the uterus or its (the foetus) own efforts, or only infrequently modified by the contour or the uterus, we cannot refrain from the opinion that all the cases cited, even if correctly reported, are not sufficient evidence to warrant the proclamation of such a far reaching dogma; for our own experience, (about a score to one greater than that quoted,) certainly contradicts the ascribed power, and as said before, we have as yet to find an obstetrician of any considerable experience who has ever seen any good come of the administration of Pulsatilla, under the present circumstances, though such a staunch friend to the suffering female under other circumstances wherein she shows the counterpart of her pathogenetic action.

Some may be here who at first thought will say to themselves "It has only been a week or so since I got a charming effect from this admirable drug in the very kind of a case mentioned, and so once did we think, until we read an article in the *American Journal of Obstetrics* titled "Decubitus in Delivery," by Dr. Winterburn, where it is so plainly shown that many malpositions

are thereby corrected and what appear to be the effect of drugs, or happy thoughts on the part of a benignant nature, when they are nothing more or less than the results of gravity, coupled with the adaptability of the maternal and foetal parts to each other. I will narrate briefly a case which I had, not a month ago, in which I gave Pulsatilla and was on the point of scoring one for my remedy, saying to the patient: "it is a good thing I gave you that remedy the other night when you thought you were in labor, for you see it corrected the malposition, when with much surprise she said, why I did that, for every time I got a pain I pressed against that lump, toward the centre, as you did the other night, when I finally felt it slip straight, and the baby was born the next pain.

At the time referred to as "the other night," I was called to see her and although she was having pains and the "water" had broken, I could not make out the position for a couple of minutes, when I finally discovered the head lying to the left iliac fossa and the right shoulder attempting to present. I had her lie on the left side, and tried to manipulate the head down to the front, but soon got tired of it and the pains quit, but told her at the time what I was doing and what for, so without any instructions on my part, she conducted a very bad position into a natural one, and was delivered when I got to the house, though only an hour from the time sent for, manual manipulation even of an unskilled hand proving efficient when the drug had had two days to act, and had failed to be of service.

It will not be denied that if the indications for the administration of Pulsatilla for a month or two be present and plainly visible that should the uterus be out of shape, or the abdominal walls be usually lax, that combined with proper bandaging and feeding, the remedy aided may bring about a final correct position, though even then it would be indirectly done. As was said before, when the uterus is in healthy condition and position, it is neither the foetus nor uterus that determines the position but the contour of the parts and the adaptability of the maternal and foetal parts, coupled with gravity, it being the principal factor.

The question now is, AM I RIGHT IN QUESTIONING THIS TIME-HONORED BELIEF, IS IT WRONG, AND IS MY EXPERIENCE YOUR EXPERIENCE?

Ophthalmology, Otology and Laryngology.

HYGIENE OF THE EYE.

FRANK W. PAYNE, M. D., BOSTON.

(Concluded from April.)

You will remember that the ciliary muscle has already been spoken of, as the muscle that so influences the *shape* of the crystalline lens, as to *permit* us to focus, with exactness, by changing and making variable its *degree* of convexity. It has been computed, on the basis of a normal shaped eye, that this muscle of accommodation has what is termed fourteen *dioptrics* or *degrees* of strength, in a child ten years of age; from this period onward we gradually and steadily *lose* strength and ability with this muscle; in fact this is the *only* instance in the whole human economy, where, as *every* other muscle in the body is *gaining* power as we advance to mature age, this one is *losing*. As I have already said, at ten years of age, the normal-shaped and healthy eye has fourteen dioptrics of accommodative ability; at fifteen years we have only twelve dioptrics, having already in five years lost *three* degrees of dioptric power; at twenty years we have only ten dioptrics: at thirty years seven dioptrics remain; at forty-five only three and one-half dioptrics of power is left, so that we have now arrived at a time where the *reserve* strength (which it is absolutely important to possess in reserve) of three and one-half dioptrics, proves scarcely sufficient to permit of *easy* accommodation at the usual reading distance, hence, although we may go on a *little* longer without help from glasses, we do so, under *protest*, as it were, from this muscle, for, at the age of 45, in a normal-shaped condition of the eye, we approximate the *limit* of time, where the ciliary muscle has become *unable* to make a *sufficiently* powerful influence on the crystalline lens, for easy focusing, owing to the fact that the tonicity and strength of this muscle has materially lessened by our advancing years; instead now of holding our reading matter at the normal distance of about *eighteen* inches, we find it necessary to push it off gradually, farther and farther from the eyes, till, after a time, the arm proves too short, and

the distance too great for *easy* reading, hence we are forced to the use of glasses, that we may hold our reading matter nearer again, and thus be permitted to see distinctly and without strain at the same reading distance as was permitted us before this accommodative loss came upon us. People with normal-shaped eyes between the ages of 60 and 65, have *lost all* ability to accommodate, and hence have to *depend* upon glass lenses for *all near* work, and, frequently, for distance work also.

Another defective condition of the eyes, and one dependent upon an *irregular* condition of the radius of the curves, that compose the *shape* of the eyeball, is called *astigmatism*; of this defect we have many instances, and it is one that often proves exceedingly trying to the possessor. As we have said, the healthy, normal-shaped eyeball is practically *round* in form, and of a certain, definite dimension in all its proportions, and it is especially important that it should be so formed in the horizontal axis, from its front surface to the back wall, that its *refractive* ability may be of the greatest usefulness for our visual efficacy; in both near and far-sightedness these dimensions are *abnormal*; in the former case the antero-posterior diameter is *too long*, while in the latter case the same dimension is *too short*; in astigmatism, however, the eyeball, instead of being *uniformly* round in shape, consists of abnormal *curves* that vary in their degree, in different meridians, for instance, the curved formation of the *vertical* meridian may consist of an axis that, in the measurement of its radius, is normal in its contour, while, at right angle to this, or in its horizontal meridian, the radius of the curve is *too prominent* or *too bulging*; the curve that is *too great* would make the eyeball *too long*, from the front to the back, hence the eye would be *near-sighted* in that plane, while normal in the plane at right angles to it; again the abnormal curve may be *too slight* or *too flat*, hence the eye would be far-sighted in that plane; because its antero-posterior diameter is shortened, while normal in the plane at right angles to it. Sometimes the eyeball, in both planes, at right angle to each other, but to a different degree, are defective in the *radius* of the *curves* that make up its contour, hence, if both planes are *too great* and the different degrees, or both planes *too flat*, and to different degrees, the former would represent what we technically call a case of compound, myopic or *near-sighted astigmatism*, while the latter would be a case of compound, hypermetropic or *far-sighted*

astigmatism. The direction of these faulty curves may occupy any meridian of the 360° of the circle that makes up the circumference of the cornea. There are cases that combine, in their abnormal curvatures; both too *prominent* a curve in one plane and too *slight* a curve in the plane at right angles to it; this state of things is called *mixed astigmatism*, and means that the person with such a misshapen eye is near-sighted in one plane, and far-sighted in the other in the same eye; their planes being generally *exactly* at right angles to each other. This statement that a person has both *near* and *far-sightedness* in the *same* eye, seems to imply a distinct contradiction; but such conditions do often exist, for the reason that I have just described, and cause much strain, and is very often responsible for an exceedingly trying state for the eyes to bear, for such eyes, of course, are *never* in focus; if *nearly* so, by the *forcing* of the muscle of accommodation in the *maximum* curve, they are *vastly* out of focus in the *minimum* curve, and vice versa; the *strain* caused by the use of such eyes often occasions much pain and irritability, as, in fact, do *all* forms of astigmatism; the *mixed* form, however, usually more markedly so than that of any other. In order to understand the condition called *astigmatism*—a term, the significance of which is so commonly misapprehended—it is important that one should start with an appreciation of the fact clearly in mind, that the *shape* of the eyeball constitutes a system of *curves*, as, in fact, is the case with *all* spheroid bodies, and, that curves exist and make up all meridians of the eye, whichever way measured. The radius of these curves, in all planes, in order to be of the *normal* standard, must accord with the recognized dimensions belonging to the healthy, emmetropic, adult eye. A *variation* from this measurement to different degrees in different meridians, usually situated exactly at right angles to each other, constitute the condition called *astigmatism*. The *result* of such a defect is to leave the eye *never* in focus, for, if the lens at any time is under a proper influence so as to bring rays of light to a focus with exactness upon the retina, in *one* plane it is out of focus—in the plane at right angles to it—and vice versa; hence, as before stated, strain and wear to the eyeball itself, and drain upon the nerve forces, with its attendant neuroses, results in consequence. Such *straining* eyes are prone to develop cataract, and, probably, many other eye diseases are induced or awakened into activity, that would otherwise have remained latent. If

persons with astigmatic defects are reasonably healthy otherwise, they usually have less discomforts with which to deal than the brother or sister who is physically less sound in health, for it is a fact that *general* bodily weakness is prone to *add* much to one's disability in eye defects, as well as in other conditions of ill health.

All these symptoms of *strain*, from improperly shaped eyes, are amenable to methods for relief, though eyes so constituted will always remain defective in their *formation*; the only known, uniform process for *astigmatic correction*, is by the use of lenses, so shaped that, while looking through them, the abnormal curves are *neutralized*, and the eye, in consequence, *seems* as if properly constructed, instead of, in fact, fully as abnormally so as it was before the lens was applied. Some genius has said, and with truth, that the human eye is often so defectively formed, that if an optical instrument was so constructed, and put upon the market for sale, that the greater number would be returned to the optician as unfit for use and too defective for application. It may not be amiss to say a few words concerning the principle and methods in use for the neutralization of *refractive errors* by means of lenses, and the process as applied by means of prisms for the correction of unbalanced conditions of the muscles that rotate the eyes, for this subject enters most deeply into the methods concerning its "hygiene."

First, about lenses. The *shape* of lenses used for the correction of simple conditions of *far-sightedness*, or hypermetropia, and *near-sightedness*, or myopia, are ground, upon the principle, and as the section of a *sphere*, *i. e.* a piece of glass is convexed or concaved in shape, to an equal degree on each side of it, so that the sum total of the convexity or concavity of the glass, shall represent the *amount* in degrees of imperfection, in form, as expressed by the abnormal curvatures, making up the *contour* of the shape of the anterior portion and refractive surfaces of the eyeball. These imperfections in contour of form are either situated in the cornea itself, or in the anterior surface of the crystalline lens, or both, though usually more markedly noticeable in the radius of the curves making up the corneal tissue, rather than in that of the lens substance; hence when a properly convexed or concaved lens is held before the defective curves in the eyeball, it acts as a *neutralizer* of the defect, thus making the eye, when so treated, *appear* as a normal-shaped one, instead of

in fact one of abnormality. This method of shaping lenses as the section of a sphere, answers perfectly well, as I have said, for *simple* conditions of hypermetropia and myopia, but, in states of astigmatism, where, as you will remember, the radius of the curves in the cornea, or in the anterior surface of the crystalline lens, are not harmonious and uniform in their curvature, *i. e.* where a certain radius is *greater* or *less* in one plane than in the plane at right angles to it, it is easy to see that a *spherical* glass *alone* would not be sufficient to correct the defect, for, as it built up and neutralized one imperfect meridian, the plane at right angles to it would be left as faulty in shape, with reference to the other curve at right angles to it, as it was before any correction was attempted. In such astigmatic conditions of defect a *cylinder of glass*, or, as it is sometimes called, its cylindrical element, is to be ground onto one side of the glass lens, and so placed upon it, with reference to the *maximum* defect in shape of the eyeball, as to build up that plane alone, leaving the *minimum* curve, which is at right angles to the former, just as it was before, or, instead, in necessary cases from defective curvature, *corrected*, as we have already explained, by the spherical element of a lens combined with the former. Of course, the *strength* of both the *sphere* and the *cylinder* must *exactly* accord with the abnormality in defect, attendant upon each individual case, or we will not succeed in attaining the desired neutralization and correction.

Secondly, concerning prisms. Prisms are made of glass and constructed in the shape of a wedge, so as to *refract* or bend the rays of light as they pass through it. The fact is that rays of light, passing through a prism-shaped body, are deflected toward its base, *i. e.* they are directed and transferred as they pass through the glass toward its thicker edge, and the acuteness or extent to which rays of light are bent, depends upon the *thickness* of the base of the prism, with reference to its thinnest edge or apex. Taking advantage of the known laws that govern the refracting, or bending of rays of light as they pass through a prism-body, prisms are utilized and often combined with spherical or spherocylindrical lenses, so that, while the refractive errors of the eye are corrected by the lenses, muscular defects that prevents easy moving of the globe to the right, to the left, up and down, or obliquely, can be aided also by the prism, and thus encouraged to do their duty much more comfortably by the placing

of a prism body correctly before the eye, incorporating it with the lens, so held, with reference to the defects in the eyeball, as to take advantage of the *direction* in which rays of light are *bent*; for instance, if a certain muscle, say the internal rectus, for illustration, that turns the eye *inward*, is faulty in its *ability* to rotate the eye *easily* in that direction, a prism can be placed before the eye, with the base of it held exactly *inward*, so that the rays of light that are bent inward, as they pass through it, may be seen easily and distinctly, without necessitating so *marked* an effort at turning the eyeball *inward* to see the object looked at as was necessary without a prism being held before it. So also, if the external rectus muscle is the weaker, *i. e.* weaker, comparatively, than is its opponent (the internal rectus), so that rotating the eye *outward* is the difficult and trying thing to do, a prism placed before the eye, with the base of it held exactly *outward*, will bend the rays of light passing through it *outward*, so that the weak muscle will have less need to turn so strongly toward its weaker side, hence corresponding relief to the weak muscle is induced, if the prism is of the proper strength and properly placed. The same law holds good for the prism-correction of all the muscular errors that enter into the process of *rotation* of the eyes in any and all directions. Of course it will be understood that many of these defects are extremely complicated, and that careful study and manipulation is often necessary in order to devise methods and degrees for its correction, for it is a fact that these errors are seldom confined to *one* muscle, but rather often involve *groups* of muscles; and that a condition of *concealed* as well as *revealed* error, often accompanies the action of these *extrinsic* or *outer* muscles of the globe, as well as causing a trammeling, as we have already seen, of the orderly action of the *intrinsic* or the muscle of accommodation within the globe in errors of refraction. The *influence* of prisms, of course, becomes unnecessary and undesirable, so soon as we again acquire normal control of the muscles, for, it stands to reason that in a state of healthful action, all the eye muscles are equally and uniformly stimulated; hence, as such they must be in a condition to swing smoothly, in orderly balance, with reference to each other; on the contrary, however, in a state of muscular disorder, the application of the prism-power for its crutch-effect becomes desirable and correspondingly helpful, just as on a similar principle, the use of crutches becomes de-

sirable to assist and make locomotion easier, in cases where a temporary support is required in the use of the lower extremities after injuries.

From what has been said concerning the construction of the eyeball and its component parts, what wonder is it that the subject is a broad and important one! Many people there are, whose lives are truly made miserable by refractive and muscular errors. As some one has said, our eyes are the only ones we will ever have, and why not take the best care of them? If we had a delicate machine to use, doubtless more interest would be taken in careful attention to it than is usually bestowed on the eyes. And, ladies, I will say that much *can* be done in the treatment of eye defects to make imperfection reasonably perfect, thus bringing order out of chaos, and a relief to its attendant discomfortures, instead of permitting a continuance of misery and distress that usually accompanies faultily-constructed eyes.

Before considering methods for application, with reference to the *greatest* possible comfort in the use of the eyes, we will refer briefly to the theory as to the condition that produces the *sensation* we call *light* and *color*. Mr. Maxwell's proposition as to the *theory* of the perception of colors, is an interesting one and one that gives much probability of its reasonable correctness; it is based upon the electromagnetic induction idea, and is expressed as follows: He supposes light to be an electromagnetic disturbance propagated by vibration at right angles to the direction of the ray, and these vibrations taking place in the same ether, serve to disseminate electromagnetic induction. The principal phenomena of light are absorption, reflection, refraction, dispersion, interference and polarization. The effect of *absorption* of a *part* of the rays of light by a body is to give it *color*; "thus grass is green because it sends back to the eye only the rays which together produce the *effect* of green, the other rays being absorbed; a piece of red glass owes its color to the fact that it transmits only that part of light whose combined effect on the eye is that of red," and so on with other colors of the spectrum. Color-blind people are *deficient* in the sensitive, nervous elements of the retina, that *permits* us to *accept* this or that color; the colors that are principally confused by the color-blind are reds and greens. This defect, in the acceptive ability for *receiving* impressions of colors is not infrequently an inheritance, descending from parent to child. Another interesting peculiarity be-

longing to healthy eyes is due to the existence of a *pigmentary substance* in the retina, called the *visual purple*; it is a purple or rose-colored secretion from the outer segments of the rods in the retina. When a person is confined for a long time in darkness, this secretion becomes very abundant, and is found to make the eye very *intolerant* on sudden exposure to *bright light*, and one is *temporarily* blind thereby, so that an appreciable time must elapse in order to be able to bear it. On the other hand, when long exposed to *bright light*, as to reflected light from the snow or water, or rays from an electric light, etc., this *visual purple* is *bleached* to a yellow hue, evidently because this *yellow tint* presents the greatest *obstacle* to chemical rays, hence the eye does not see well on *entering a darkened room*. The *secretion* of the *visual purple* is necessary for us in the *darkness*, that we may be permitted to reasonably see in the dark, and the chemical change to *yellow* is necessary that we may not be *dazzled* by bright lights. The understanding of this fact should make us more careful of *sudden exposures* from bright light to darkness, or vice versa. In the use of the eyes, the matter of *position* with reference to the *direction* from which the light comes, is important. One should always be seated *back* to it, with the face in *shadow*, and the book or object looked at well brightened by the light falling in upon it from the window or other source of illumination. *Generally* there is more strain upon the eyes in use by *artificial* than by *day light*, hence it is wise to advise people with *sensitive* eyes to avoid reading by gas or lamp light, when they may be permitted, with comparative *impunity*, considerable *latitude* in this regard, by *day light*. This advice is often important in cases of incipient cataract, for, as you will remember, the lens of the eye is the faulty member in diseases of this kind, and, as the crystalline lens is the *principal* portion that is used in the effort at *focusing*, it is evident that if reading, writing, sewing, etc., can be conducted with *less* strain, comparatively, by *day light* than is possible by *artificial light*, that an *avoidance* of the aggravating influence would be desirable. The subject of *conditions* of light for *comfort* of the eyes, is a very important one, and, perhaps, one fraught with the *greatest* difficulty in its *adaptation*, for 'tis a fact that while *one* person's eyes *bear* one kind or quality of light comfortably, *another* may be *decidedly* inconvenienced thereby; for instance, in the dark or dusk of evening, as a rule, one's eyes are *reasonably* at rest and *soothed* by the subdued

evening light from the irritation attendant upon the stimulus resulting from the *light of day*; there are, however *exceptions* to this rule, and eyes sometimes feel strained and become painful in the *darkness*, even as the dark of evening advances; such people are often made *tired* by looking at *black* goods, or sewing on *black* garments; this annoyance is usually due to a *refractive* error that has caused *persistent strain* upon the eye-muscles, associated with a continually increasing *irritation* of the retina. It is not always the case that *black* alone is the color that *produces* discomfortures; there are eyes that are *fully* as unduly sensitive to *blue, green, gray, red, white, or yellow* light. The condition of irritation in these cases is often removed by the *adjustment* of properly selected glasses, whereby the defective refraction and straining in consequence is corrected.

Under a recent heading that I saw in the Boston *Morning Journal*, are these words, viz.: "Eyes give out," and it goes on to say that "walls in one of our public schools is painted bright yellow, having been done in order to give more light in rooms that are naturally dark, owing to the surroundings of the buildings. On bright days there is less inconvenience than on dark days, when it is practically impossible to use the eyes for any length of time." It is *obvious* that the selection of a *color* for the walls of our school rooms should be done with reference to the greatest good for the *majority*. It is probable that *neutral* tints, consisting of shades of grey, and possibly light brown colors, both of which more readily *absorb* bright light, and also tend to *reflect subdued* ones, would serve, on the whole, as more grateful and useful to the majority for *all* conditions of light, than other combinations of colors. This is a matter of great importance, particularly in the consideration of the hygiene of young eyes, for it is a fact that the *foundation* for eye defects often has its origin in the *surroundings* of trying light-effects, particularly so where refractive errors exist, which, unfortunately, is very often the case. These *refractive* errors are *born* with one, without, as in a small number of cases, comparatively, they result from injury or disease, and, although, as I have said, we are often able to conceal them in early life, even from ourselves, owing to the great *range* of power in the muscle of accommodation that young eyes possess, it is nevertheless a *strain* that makes these errors more prominent by exposure and use of the eyes in the surroundings of just such *faulty-colored* ceilings and walls as we have mentioned. A generally serviceable rule to apply for the

comfort of the eye, and to maintain its usefulness for the *longest* possible period, is to *abstain* from *sudden* exposure to *strong* light; let the transition be *gradual* rather than *abrupt*. When the eyes are tired from use, in sewing or reading, rest and allow the accommodation to *relax* by looking off, more or less briefly, to a *distant* point, and sometimes by *closing* the eyes. Always have a good light when using the eyes; that coming from the north through a window opening in that direction, is *best* and *clearest*; let the face be in *shadow* and the object looked at illumined by a clear, steady light, coming in from *one* side. Bathe the eyes over the closed lids mornings on rising, and evenings on retiring, in water of the temperature that *proves* most agreeable in each individual case, and put a little milk in the water, say about one-third milk to two-thirds water. The presence of milk in the water softens it, and thus makes it more agreeable to sensitive eyes. Bring the water to the eyes in a sponge, or other vehicle that will hold a large amount, and sop it over the closed lids abundantly, repeating the application several times in quick succession; then dry the parts thoroughly with a clean, soft, linen handkerchief, or suitable towel. An *adherence* to such rules will usually prove a comfort, and one will generally feel a corresponding vigor and relief to the over-strained condition of the eyes and muscles of the preceding day. Eyes are often relieved from smartings, dryness and irritation by the use of a small pinch of salt in about one-half tumbler of warm water (slightly more than tepid); use about three or four grains of common table salt to this amount of good pure water (distilled water being the best); of this solution allow a drop or two to enter the aperture between the lids. This salty solution, in its character and consistency, is very much like the *normal* tear, which, as you know, is the *natural* lubricant of the eye. The lachrymal fluid is scarcely more than water, with a little salt in it, with the addition of a slight trace of albumen held in solution. An excellent *shade* in color for the lamp, is *dark green lined with white*; this shade should be so placed with reference to the face as to leave it entirely in *shadow*, and permitting the *book* or *work* to be well illumined. By adhering to the principles relating to reasonable care of the eyes, they will last much longer and do better service, than where the opposite disregard is applied. The subjects of *cataract* are much more likely to have the disease develope and progress, through a neglect of the application of

reasonable rules for comfort in the use of the eyes, owing to the fact that the straining and tilting to which the lens is subjected in its effort to accommodate, interfere with the natural supply of nutrition to its substance, thus permitting haziness and opacity to take the place of clearness and translucency which, in health, as you know, constitutes the natural lens texture. When the eyes *persistently* give trouble, have an examination made by one conversant with eye errors, that whatever is wrong may be corrected at the earliest possible opportunity. Eyes that are straining are already laying the germs of disease, and, possibly, for the *outburst* of something more serious in after life. It is impossible to formulate an *universal* rule for the care of the eyes; as applies the saying, "what is one man's meat is another man's poison," is as true of the eyes as of any other portion of the body or mind. There are many remedies applicable to diseases of the eye, and for results of eye strain, that can only be used with safety by one educated in the profession. What I have said, however, I trust may prove of service to you, and act somewhat as a guide to caution in their management.

The finest degrees of sensation are to be perceived for these changes constitute the nature of the disease. If drugs could not produce these changes they could not cure. This is the foundation. If you would discover whether the law of similar is the law of cure you would need to draw upon this store of finer symptoms.—*Kent*.

As soon as you begin to prescribe on peculiar symptoms you prescribe on keynotes, and will not do good work. When you have three symptoms—keynotes—it is true you may possibly get the right remedy, but what do you know of your *patient* or of the image? You will never have the case in hand, or grasp the true nature of the case, in this way.—*Kent*.

When a remedy has benefited a patient satisfactorily, never on your life, change your remedy, but repeat that remedy so long as you can benefit the patient. Do not regard the symptoms that have come up.—*Kent*.

The more you cultivate Homœopathic methods, and the finer you discriminate, the better you see, and the more you can understand.—*Kent*.

Surgery.

APPENDICITIS—ITS SURGICAL TREATMENT.*

HOWARD CRUTCHER, M. D.

Professor of Principles of Surgery, Dunham Medical College, Chicago.

Mr. President and Fellow Members:—When invited by our president to prepare a paper for this evening upon the surgical treatment of appendicitis, I assured him, and now repeat, that no attempt will be made to deal with so vast a subject in an exhaustive manner.

That appendicitis is a surgical condition, there is no longer any respectable doubt. By this I do not mean that every case demands operation, for it is true beyond dispute that an overwhelming majority of cases recover from the primary attack without surgical treatment, and would probably recover without any treatment whatever. But this is not the question at issue. The real question is, Would early surgery in all cases give better results than we now have?

According to the American Text-Book of Surgery (Philadelphia, W. B. Saunders, 1895), primary appendicitis is fatal only once in eight times. In other words, in a thousand cases there will be only one hundred and twenty-five deaths. But most people will be inclined to agree with the surgeons that this is a tremendous death rate.

And what is the condition of the patient who has recovered from a primary attack of this malady? In order to decide this question I appealed to those who certainly ought to know, namely, the medical directors of the ten great American life insurance companies.

This question was put to each: "When an applicant for insurance presents a clear history of an attack of appendicitis, and has not submitted to operative relief, do you regard the risk as acceptable?"

The replies are embodied in a paper which I presented to the Illinois Homœopathic Medical Association in May, 1895. There was no difference of opinion; not one of the companies inter-

*A paper read before the Homœopathic Medical Society of Chicago, March 12, 1896.

viewed would accept a risk of the kind without the lapse of considerable time—an average of two years, if I am not mistaken. Life insurance companies are not in the business of rejecting eligible risks; why do they unanimously avoid the man who some of the doctors think has “recovered” from appendicitis? Because they know from a costly experience that a reformed appendix, like a reformed gambler, and a regenerated drunkard, cannot be depended upon. The tendency is toward relapse, and subsequent attacks are increasingly dangerous. So that it is hardly fair to say that the mortality of appendicitis is only one in eight. The relapsing cases would swell the death rate far above the primary mortality of twelve per cent. The only genuine recovery is the case where the appendix has either been removed, or where it has undergone obliterative changes. The latter cannot, of course, be determined with any degree of certainty by ordinary methods of examination.

Many medical men seem to think it an evidence of superior wisdom to appear indifferent in the presence of appendicitis; to doubt the diagnosis of the disease, to make light of its dangers, and to dwell upon their own astonishing success in dealing with it by internal medication. Six or eight successful cases and no death, is a reassuring record, and most men are human enough to be guided very largely by such excellent results. But the next case may spoil the record, the next may intensify the lesson and leave a death rate that no skillful surgeon in the land can not heavily discount. Medical men are coming to see the logic of the situation, and I do not doubt that another decade will see the acute inflammatory lesions of the right iliac region recognized universally as coming within the domain of surgery. In support of this view, I have been able to see in my own circle of professional associates a very gradual but decided change in favor of early surgical interference in all cases of appendicitis. I say early interference, for no one, I presume, has any shadow of doubt as to the need of interference, when, unfortunately, interference is often too late.

I have within three days been called in consultation with a skillful medical man, who said that he desired my advice as to whether the moment had come for operation in a case of appendicitis. He was asked what symptoms he regarded as justifying an operation. His reply was that he would operate at the

first sign of pus. How often does it happen that the signs of pus are the signs of death?

Touching the question of early laparotomy, the testimony of eminent specialists in general medicine has been sought. To each of these gentlemen the question was asked:

"In a case where there is strong presumptive evidence of appendicitis, do you consider an exploratory laparotomy by a skillful operator preferable to delay?"

Dr. Charles Gatchell, of Chicago, says: "Even with strong presumptive symptoms, I would delay rather than make an exploratory laparotomy."

Prof. William Pepper, of Philadelphia, does not consider it possible "to reply intelligently to a general question of that kind," and says "that every case must be decided upon its own merits."

Prof. James T. Whittaker, of Cincinnati: "Cannot answer the question categorically," but says that "an exploratory laparotomy by a skillful operator is usually a safe procedure."

Can it be said of appendicitis in any stage that it is usually safe?

Prof. George Royal, of the University of Iowa, says: "No, I would not advise it unless I felt sure pus was present or forming."

Dr. L. C. McElwee, Professor of Materia Medica in the Homœopathic Medical College of Missouri, says: "I would answer Yes, for I have just lost a case that might have recovered had that very thing," which Prof. Whittaker says is usually a safe procedure, "been done. The symptoms present did not seem to justify an operation any sooner than was done, yet we found that it had better have been done before it was. Three of us were in consultation. Nobody attaches any blame to us, nor do we think we are in any sense blameworthy, even in the light of the proceedings, but from a nicely practical standpoint, I think yes."

Dr. Frank Kraft, the distinguished editor of the *American Homœopathist*, says, with characteristic vigor and clearness: "By all means, operate."

Dr. T. Griswold Comstock, of St. Louis, a gentleman whose name is synonymous with honest and enlightened conservatism, says that he "should decide that an exploratory laparotomy was not only preferable to delay, but proper and certainly indicated,"

and that he believes his opinion to be in accord with that of advanced surgeons everywhere.

Dr. A. Leight Monroe, Dean of the Southwestern Homœopathic Medical College, of Louisville, asserts that, so far as he is personally concerned, he should have an exploratory incision, and would certainly urge the same course upon his patients.

Dr. E. E. Case, of Hartford, whom I regard as one of the first prescribers of this country and for whose opinion I entertain the highest respect, says that he believes the law of similars sufficient for these cases; that he has practiced medicine over twenty years, during which time he has had his share of appendicitis to deal with; that he has never lost a case and never had one operated upon.

Dr. Eugene H. Porter, of New York, editor of the *North American Journal of Homœopathy*, grasps the situation with singular clearness and expresses his belief with peculiar force. I quote in full: "In a case where the presumptive evidence of appendicitis was very strong, where there could be but little doubt of the diagnosis, I should certainly consider an exploratory laparotomy by a skillful operator preferable to delay. If the surgeon by boldness at times endangers the life of the patient the physician on his side by a timid conservatism does at times equal harm."

Dr. H. P. Loomis, of New York, would delay advising an operation, especially in the first attack, until very sure of the diagnosis.

From these expressions, emanating from gentlemen of deservedly high reputation as practitioners, it will be seen how widely personal experience and individual surroundings will influence the views of medical men. It might be observed, however, that a majority of those whose views are given are in form of what appears to me to be the only conservative course—namely, a timely exploration. By timely exploration, I mean an immediate operation—the next hour, the next minute, if possible, not the next day. Hours count in these cases! Many a case that might have been saved at 7 o'clock in the evening has been lost at 9 the next morning.

I should like to ask medical men why it is, when it is admitted by the ablest experts that no rule is known whereby the so-called harmless catarrhal appendix can be distinguished from a tube gangrenous from end to end, that a course is advised that con-

signs one in eight to the grave when the immediate operation has a deathrate of less than 1 per cent? That a case of appendicitis has recovered is nothing. The chances are that it will return. The man who carries an infected appendix in his abdomen has a graveyard sentence hanging over him. Surely this is no triumph for science. Medical men, too, are very anxious that the diagnosis shall be certain before any operation is advised. They demand more than the most skillful surgeon is able to give. Surgeons weigh the facts, balance the risks involved, and choose the least dangerous path. That they sometimes have to go through blood in a righteous cause is no argument against either the blood or the surgery. The results obtained by surgery are such as ought to command the highest confidence of medical men.

Mr. Frederick Treves says in his work (*Manual of Operative Surgery*, Philadelphia, Lea Bros. & Co., 1892) that he has had no death from appendectomy. I have not his record for the time intervening, but I notice a recent report (*The Lancet*, Jan. 4, 1896) of ten consecutive cases without a death.

Prof. A. C. Bernays, the celebrated St. Louis surgeon, has done 166 appendectomies in cases ranging from one day to six and one-half days in duration, with eleven deaths, a mortality of 6.6 per cent. It is entirely unnecessary to say anything as to the character of cases that died. Notwithstanding the fact that many of Prof. Bernays' cases were perforating cases, his results are just twice as good as those obtained by medical means. As to what statistics a medical man could have shown with many of the cases saved by Bernays may be left to the imagination.

Prof. John B. Murphy has operated for appendicitis 293 times. In his first 207 cases he had a deathrate of nearly 10 per cent. His later cases show a steady decline in deaths solely because of earlier operation. It must be remembered that Murphy was a pioneer in appendectomy, and did many of his operations in days when a medical man had no use for a surgeon so long as the patient was warm above the knees.

One of the most conspicuous records to be found anywhere is that of Prof. John B. Deaver, of Philadelphia, whose 200 cases with only two deaths, and whose 140 consecutive cases without a death, are an effectual reply to the sneering imputation that surgeons are too radical, and that there is greater safety in medicine.

The thing that kills is infection, and infection develops while the attendant is waiting for—what?

I am in receipt of a recent letter from Dr. Robert T. Morris of world-wide fame in appendectomy, which is so clear cut and convincing that I give it in full:

NEW YORK, March 4, 1896.

Dear Dr. Crutcher:—I have known a death from surgery in an appendicitis case. Whatever deaths I have seen have occurred from septic infection which had been allowed to get beyond the resources of the surgeon before operation was performed. In New York today the only patients who die from appendicitis can be classified as follows: (1) Patients who neglect to call a physician. (2) Patients who call a physician who has been too busy to inform himself upon the subject of appendicitis. (3) Patients who call a physician who has some theory of his own on the subject of appendicitis and who is not guided by the classified accurate knowledge of the subject that is to be obtained in the text-books and monographs afforded by any important medical library. Whenever a patient dies of appendicitis in any of our large cities today, it means that someone was to blame, and it is a case for "asking questions." We know that the patient would not have died if he had been given the advantages which he deserved as a citizen in a civilized community. Yours very truly,

ROBERT T. MORRIS.

Prof. P. S. Connor, of Cincinnati, has had no deaths in non-infected cases.

Prof. Bayard Holmes, of Chicago, has no deaths to record from the early operation.*

There is a wide difference in the classification of various operators, but I classify my cases as extreme cases, doubtful cases, and early cases. My deathrate in the extreme cases has been 75 per cent.; in the doubtful cases, 25 per cent., and in the early cases no deaths at all has occurred.

Perhaps the best exponent of modern medical opinion is the *American Year Book of Medicine and Surgery*, (Philadelphia, W. B. Saunders, 1896), from which it will be seen that the drift of medical belief is toward the early operation in appendicitis. In the light of the facts it could not be otherwise. A patient divided against himself in the right iliac region cannot stand. Appendicitis does not kill, nor the surgery, nor the shock, nor the anæsthetic, but pus, adhesions, and sepsis do. Medical experience has proved that these cases often spend weeks in bed,

*Since the completion of this paper I find that Dr. George R. Fowler, of Brooklyn, has done 200 early operations with only two deaths, both from intestinal obstruction, one of them occurring a year after the operation and not receiving prompt surgical care. It is instructive to note Dr. Fowler's conclusion: "I think, barring some of the unusual and extraordinary post-operative complications, all cases of appendicitis operated upon while the infection is confined to the appendix itself should recover."

exposed to great danger, with chances of one death in eight. Murphy, McBurney, Morris, Shrady, Senn, Deaver, Lanphear, Bernay, Treves, Fowler, Wyeth, and a score of operators not so famous have demonstrated by a vast experience that the surgery of appendicitis is comparatively not dangerous. It is our plain duty to accept the situation as backed by overwhelming facts and remove the appendix before it removes the patient.

APPENDICITIS UP TO DATE.*

JAMES B. BELL, M. D., BOSTON, MASS.

When I mentioned the title of this paper to an able colleague she said, "You will not be able to finish this paper until the evening before the meeting."

This view certainly fairly represents the rapid progress now being made in some directions surgically, and especially in matters relating to this particular subject.

I shall be very glad, therefore, if I can do something that will help to keep our Association well up to the times on this line.

But there is a popular impression abroad, and not without some show of reason, that this whole matter as now viewed surgically, is but a "fad" of the profession; and some of our colleagues doubtless take the same view.

Now, if there is anything that I am ware of in scientific matters, it is a "fad" of any kind, and I am very grateful for our sound Hahnemannian principles which prevent us from being "turned about by every wind of doctrine," especially in Therapeutics.

This position, however, should not prevent our "proving all things," in the cognate branches, and "holding fast that which is good."

I will endeavor to present, therefore, what I believe to be the best present conclusions upon this subject, and illustrate by recent experience.

Appendicitis may be divided most practically into acute and chronic.

The organ is, in health, about as large as a goose quill, and from two and a half to six inches in length. It has its own mesentery for one-half to two-thirds its length.

It seems to possess, as an organ, so low a vitality that if once

*Read at International Hahnemannian Association, Watch Hill, R. I., June, 1896.

inflamed, and if especially, as a consequence, tied down by peritoneal bands and adhesions, it is never able to become normal again.

An interference with its blood supply, which in other organs would be of but minor importance, there produces the most disastrous consequences, including necrosis of the mucous membrane, rapid infection of the walls, ulcerative destruction, perforation, and gangrene. Or, if the process is stayed, a catarrhal condition of the whole lining membrane remains, with permanent swelling of the whole organ, and the symptoms of chronic appendicitis. A little added constriction from increased swelling, compression by the unyielding outer wall or constricting bands, may at any time give rise to an acute attack, with all its possible consequences. Foreign bodies or fecal concretions have little or nothing to do with these conditions. I have never met with them, but only recently saw them in a healthy appendix during a laparotomy by Dr. Winn.

An ordinary case of acute appendicitis is characterized at the outset by acute abdominal pain. This pain is most often located at the umbilicus, or less frequently at the epigastrium, and least frequently of all is it referred to the appendix itself. These facts should lead to great care in the diagnosis. A little later, with the occurrence of localized peritonitis, the pain becomes more prominent in the cæcal region. An early symptom is nausea and vomiting, but it is not persistent at first or until perforation takes place.

The most important diagnostic symptom is, however, *tenderness* at the site of the appendix, at the right edge of the right rectus muscle, or about midway between the umbilicus and the spinous process of the ilium. This tenderness may be more or less extensive, according to the extent of the surrounding inflammation. It may also be observed to a less degree in other parts of the abdominal cavity.

The temperature will not be high, 100 to 102, except in very acute and severe cases, and even then does not bear any constant relation to the gravity of the attack. Perforation has been known to occur with a pulse of 80 and temperature 99.

Fowler well says: "During the first stage of a case which is to follow the natural course, there will be an elevation of temperature from one to three degrees Fahrenheit. This moderate elevation of temperature is apt to be misleading to the medical

attendant. Failure to recognize the exact degree of the inflammation of the appendix itself during the early stage of the affection would be of but very little moment, were it not for the possibilities of perforation occurring prior to the formation of adhesions and consequent septic peritonitis; or the dangers of septic infection of a profuse sero-fibrinous exudate (suppurative peritonitis) without perforation, as well as the infection following the lymphatic vessels of the peritoneal investments of the appendix, and thence to the general peritoneum. A remission of all the symptoms of the first, second and third stages, save local tenderness, may take place, and yet the disease pass steadily onward through all its stages to a fatal termination. *A lowering temperature and lessening pulse-rate are not inconsistent with impending ulceration, perforation of the appendix into an unprotected peritoneal cavity, complete gangrene of the organ, or rupture of an appendicular abscess into the cavity of the peritoneum."*

With all these facts in mind we may say that the wary and skillful physician will never permit his cases to go on to the fatal perforation, or gangrene and abscess. If the case does not yield in twenty-four hours to the selected remedy, as shown by gradual diminution of all the symptoms, *but especially of the tenderness*, he will have that appendix out. The persistence of the tenderness after twenty-four, or at the most forty-eight hours to the original degree, is proof that perforation without protective exudations may occur at any moment, with immediate septic peritonitis and death in spite of operation, if made after the perforation occurs.

Only recently I had a most urgent call over the long distance telephone from the agonized father of a lovely young woman to come to her help, but I called for the doctor and he told me the patient had been ill but two days, and perforation had occurred, followed by operation twelve hours before they called me, and the patient was then sinking, not from the operation, but from the septic peritonitis, and was beyond hope. I have since heard that the patient did recover, against all human probability or apparent possibility, which is another argument for the operation, even though late.

It is pleasanter to turn to a case like the following, which also illustrates the same important points.

Mrs. X, sixty years of age, a well-informed and healthy woman, and quite stout, on May 2d had driven across the city

with her sister to the station, and then had driven for an hour in the parks. She did not feel quite well, and felt a little pain in the bowels from the jar of the carriage. In the night had a slight chilliness, a very little nausea, and more pain. Passed gas freely and with some relief. I saw her on the morning of the third, and there was decided tenderness over the whole abdomen, but much more in the region of the appendix. The most pain was felt in the region of the umbilicus and epigastrium. Pulse 80. Temperature 100.3. Tenderness was more from coughing, moving, and better lying on the back. Lameness of the muscles of the eye felt on turning them. This latter symptom is very characteristic of *Bryonia*, as are the other modalities.

She got *Bryonia*^{cm} in water every two hours. At 5 p. m. the pulse was 90 and temperature 100.6, and at 10 p. m. about the same, but the patient felt better. The family, a very intelligent one, fully understood the nature and gravity of the case, and approved of an operation, if the symptoms did not yield. On the morning of the fourth the temperature was 98.8, and pulse 74. The pain had been much less during the night and the tenderness was a little less. I considered the improvement in the latter symptom so slight, however, that I had Dr. Wesselhœft and Dr. Winn in consultation, and they approved of the diagnosis, the remedy, and a little longer waiting, although Dr. Wesselhœft said if he felt as sure of the danger of perforation as did Dr. Winn and myself, he would advise immediate operation. If one has not seen many of these cases and how trifling they sometimes seem, it is difficult to recognize their gravity until it is too late. This case went on to slow recovery. The tenderness slowly abated, but is not yet wholly gone, and I doubt if it ever does slow convalescence with slight but persistent tenderness in the region of the appendix. If she were younger and had not such a mortal fear of anything like an operation, I should certainly not feel justified in postponing it. A recurring fatal attack would certainly show that I have erred on the so-called conservative side. These are the cases that put the greatest strain upon our knowledge and judgment.

Morris reports three cases which we should do well to remember. He says.

“Among cases which I have recently operated upon are three of exceptional interest, in view of the fact that the symptoms were so mild that I did not advise operation in any one of the

cases, and was pressed to do the work by the respective family physicians. All three patients were convalescing, their vital signs were almost normal, and there was no area of dullness about the appendices.

"In No. 1, perforation had already occurred, and the opening was closed by such slight cobweb adhesions between the tip of the appendix and the bladder peritoneum, that if the patient had sneezed fairly hard he would have opened the crater into the free abdominal cavity. In No. 2 there was no protecting exudate, and in a few hours more the sloughs would have escaped into the peritoneal cavity. In No. 3 the appendix was sharply curled and wound about with adherent omentum, so that the patient was about to start out, as one of the relapsing cases with abscess when the slough had done its work."

Under *Chronic Appendicitis* may be grouped the *relapsing* and the *recurrent* in the quiescent stage. In the diagnosis of chronic cases, they may be divided into those with a history of one or more acute attacks, and those with no acute attack.

The former are comparatively easy to diagnose, as the two following cases will show.

Mr. F., age 22, came to me February 1, 1895.

His story was that he had had what the doctor called the grippe three years ago. It was an attack of abdominal pain with fever, some gastric symptoms and soreness in the right iliac region, and he has never been well since. If he gets cold or gets over tired, he has more pain and soreness there. Has many and troublesome gastric symptoms. Has lost twenty-five pounds in weight, and never feels his usual strength and energy.

Examination showed decided tenderness in the region of the appendix.

As it had been three years since the former attack, there seemed little risk in waiting longer, so I advised the trial of remedies. During two months I watched the action of *Rhus*^{cm}, followed by *Sulph*^{cm}. There was some temporary improvement under each, but no sign of a cure, and I therefore operated on April 9th. The appendix was nearly five inches long, of three times its normal weight. The surface was congested and the end club-shaped from the swelling. The inner surface was swollen, soggy, shining with many spots of extravasated blood.

He made a good recovery and is attending to his business,

feeling already very much better than for the three years previous to the operation.

Mrs. Z., of New York, 23 years of age.

This is a most interesting case from several points of view. She came to me to be treated for constipation. Three years ago while traveling with her father in Europe there was a cholera scare. A doctor in Vienna gave her some powerful astringent medicine and she has had constipation ever since.

She was married a year ago and is now three months pregnant.

Nine months ago while in the country, had a severe attack of what was called Peritonitis, although the physician made no examination whatever. She only knows that she suffered a great deal of pain in the abdomen, in spite of the morphine which was freely given; that she had high fever and was very ill. She has never felt well since; has frequent attacks of slight colic, sometimes quite severe.

Examination showed the characteristic tenderness over the appendix, and with no further symptoms to guide me, I advised appendicectomy. This was the eighth of last April.

My reasons for this were the great danger of the puerperal state with such a history and the liability at any time to an acute attack with a fatal abortion.

Fowler says "It is a fact that whenever appendicitis occurs in the pregnant condition, as far as my experience goes, it is invariably followed by abortion with a fatal result."

Strangely enough, the patient, although knowing nothing of her condition, had feared the return of the "peritonitis" either before or at the time of labor, and both she, her husband, and family, gladly consented to the operation, even with the possibility of an abortion resulting from it.

I operated April 16th. The appendix was about three and one-half inches long, and in almost the exact condition of the one described in the last case. It was a loaded weapon, and they were very much disgusted with their Allopathic (city) attendant, because he "did not know it was loaded." She made an uneventful recovery and was discharged from the hospital in about two weeks. She is now feeling greatly improved.

The second group of chronic cases, those having no history of an acute attack, are most difficult of diagnosis.

Two such cases will illustrate this point. I was called by Dr. McIntosh of Newton to see Miss S. on March 15th.

She was 25 years old, of small stature, but perfect physique and sound health and nerves. In August last she had a fall, which was followed after a while by some lameness of the back and right hip, and about three months later she took to the bed, and the symptoms gradually changed to slight pain and soreness in the right side of the abdomen, but only felt in certain positions, especially on extending the thigh. This she kept constantly flexed about thirty to forty degrees from the horizontal. There were few other symptoms, and a thorough physical, pelvic and vaginal examination revealed nothing more except tenderness in the region of the appendix. There had never been any chill or rise of temperature. The diagnosis was chronic appendicitis, with the advice to wait awhile and prescribe remedies. *Rhus*^{cm} had seemed to help before, and we afterwards gave *Sulph*^{cm}.

Toward the last of April the temperature began to rise a degree or less toward night, and she was evidently no better. It was therefore readily agreed that she should come in to the hospital for an operation on April 30th. On opening the abdomen and bringing the appendix into view, there was a momentary feeling of doubt as to the diagnosis, as the organ looked quite small and innocent. This was found, however, to be due to secondary changes. The outer two-thirds of the appendix was atrophied by pressure of its own investment and, as proved later, the tube entirely occluded for that distance, and the rest of it in a state of congestion and catarrhal inflammation. But this little fire had kindled a much larger one. The whole cæcum was bound down by localized peritonitis to the pelvic wall, very red, congested, and vascular, and the bands of adhesion were loosened up only with much difficulty.

The patient recovered in a most rapid and complete manner, and left the hospital, and drove seven miles in a carriage to her home, thirteen days after the operation. Her convalescence from her former invalidism has been steady and progressive ever since.

The last case which I will give presents more complicated difficulties, but with the same solution.

Mrs. B., a strong, well-built woman of 26, sent for me for what was regarded as an attack of acute indigestion, of which the history was somewhat vague and indefinite.

Her present condition was like one suffering from the nausea of pregnancy and had been so off and on with longer and shorter

attacks for six or eight weeks. When at the worst all food caused distress and vomiting, but the symptoms were worse in the afternoon and evening. Much questioning revealed frequent partial similar attacks, during the last three years, but more especially sudden attacks of cramp in the abdomen, passing off after lying quiet for a while.

The whole train of symptoms suggested some reflex irritation. There was no suspicion of pregnancy, but examination revealed a badly lacerated and sensitive cervix and very defective perineum. She had two children 4 and 6 years of age.

She had had quite a bad leucorrhea for the last two years.

Abdominal palpation revealed marked tenderness over the appendix.

Diagnosis probable appendicitis in the chronic stage, threatening to become acute. The patient was watched for a few days and she got much relief from *Lycopodium*^{cm} in water. There was, however, no local change, and the temperature which had been normal began to rise half a degree or more. Operation was therefore agreed upon and was made without incident June 3rd. As the patient was in good condition after the completion of the appendicectomy, it was thought best to proceed at once to the much-needed repair of the cervix and perineum, which was accordingly done. Both the latter operations were quickly completed with catgut sutures, and the patient had the benefit of the three very necessary operations at one time, and made a normal recovery from them all. She has felt very much better in every way since the operation and bids fair to attain most vigorous health.

The appendix in this case was found substantially enlarged, about four inches long, and bound down across the middle with strong adventitious bands, just the condition to give rise to the reflex cramps and the stomach symptoms. The lining membrane presented the usual sodden, shining appearance of catarrhal appendicitis, with the usual hæmorrhagic spots.

There has never been a return of the reflex symptoms, even for a moment since the operation.

We are now, perhaps, in a position to appreciate some of Morris' Aphorisms. He says "Statistics show that an appendicitis patient may be expected to recover several times, and to die once.

"The appendix vermiformis should be removed as soon as a

diagnosis of appendicitis is made, because no one can tell at just what moment necrosis is going to follow the disturbance of circulation.

"It matters not whether the swelling which cuts off the circulation of the appendix is caused by the usual catarrhal process, or by fecal concretions, or by foreign bodies.

"The mucous tube cannot swell readily within its inelastic sheath, so that it chokes itself to death at any hour in the course of any attack. The operation should be done at any stage of the disease in which the surgeon finds the patient, because the surgeon's methods are certain and safe, and nature's methods are uncertain and risky—speaking by comparison.

"In patients who have had recurring appendicitis the appendix should be removed, even if there have been no recent attacks, because trouble may come when the patient is on the ocean or in the woods, away from skilled surgical help. Those who object to the proposition have never seen the horrible black, stinking, ragged little crater that suddenly begins to erupt among an unsuspecting patient's vitals.

"An appendix that has once been inflamed is a disabled appendix when adhesions bend it or compress it, because it cannot again swell evenly."

Some practical points may now be noticed.

In quite fat patients, the incision should be made long through the skin and fat, but only the usual length, one and one-half inches through the rest of the parieties. The closure of the wound by Fowler's sutures (*vid.* Fowler Appendicitis) is a somewhat tedious process, but very satisfactory in its results. It makes a very close and perfect union, and there can be no supuration such as sometimes follows catgut.

The stump of the appendix should be cut off about half an inch long, gently dilated with fine forceps, introduced and opened, and then turned into the cæcum, by another pair of forceps reversing the tube upon itself, and the opening closed by a purse string suture of silk, previously placed and ready to draw up and tie. A few extra Lembert stitches outside of this, make complete the safest and best method of treating the stump; and also the simplest. It is the method of Dawbarn.

Society Reports.

ORGANON AND MATERIA MEDICA SOCIETY OF PHILADELPHIA.*

The Organon and Materia Medica Society held its regular monthly meeting, April 2d, 1895, at 613 Spring Garden street, the president in the chair.

After the roll call, the minutes of the previous meeting were read and approved.

A letter from Dr. Helen B. Carpenter was read, in which she regretted her inability to assume membership in the Society, and, therefore, to present her paper on the Organon. This communication was reluctantly accepted, as Dr. Carpenter's membership in the Society is a most desirable one.

Dr. Park read an interesting paper on *Materia Medica*, choosing *Variolinum* as the subject.

VARIOLINUM.

MAYBELLE M. PARK, M. D.

This remedy is an animal substance, the potentized lymph from a small-pox vesicle, which acts deeply upon the vital economy. Like *Medorrhinum*, *Syphilinum*, *Psorinum*, etc., it is a nosode, a disease product, yet when applied according to Homœopathic laws it is of inestimable value.

Variolinum has been partially proven by Swan and Fincke. Some clinical symptoms have also been collected. Given in a potentized form to a healthy person *Variolinum* causes symptoms resembling a kind of small-pox. After a few days prodrome the symptoms may begin with a severe chill, nausea and vomiting; then intense congestion of the brain and spinal cord comes on with severe pains down the back, especially in the occiput lumbar region, radiating from these points to the extremities and around the waist, like streams of ice water down the back and intolerable pains as if the back would break; drawing, aching stiffness of muscles preventing motion, as all pains are aggravated from motion. Nervous and restless but worse from motion.

*Reported by S. Mary Ives, M. D., H. M.

There is malaise and lassitude. The patient is irritable and goes into a state of delirium with anxiety and fear of death. Great congestion to the head with violently pulsating carotids, the face is hot, red or dark-purple, bloated, puffed up. Intense throbbing, lancinating headaches all over head; in forehead, vertex and occiput; a sensation of a band tightly encircling the head.

The eyes are swollen, inflamed, the conjunctiva red, and inflammation of cornea. It causes deafness. Chronic catarrh of eyes and ears has been cured.

The tongue is coated thick, dirty yellow; looks like a piece of white velvet, or white coating with points of pustules showing through. Sordes on the teeth. Breath horribly offensive. Sore throat with redness of fauces. It has cured where the pharynx and fauces were purplish, crimson, gangrenous in appearance, the tongue black, looking like a mass of putrid flesh. Diphtheria with horrible fetor oris.

All the secretions and excretions of Variolinum are offensive saliva, expectoration, sweat, the whole body exhaling a peculiar odor that can be detected by an experienced physician.

The appetite is gone; the taste depraved, even water tastes sickish, sweetish; aversion to meat, to all kinds of food; little or no thirst. Nausea and vomiting continue through the disease, bilious, bloody vomiting.

The stools are thin, bloody, green, of intolerably fetid odor. There is the usual scant, dark urine of fever, but it is also offensive. The heart is irritable and the circulation depressed from the septic condition of the body.

Intolerable aching, bruised feeling in the muscles, sore to touch; bones feel as if broken, as if comminuted. < motion. The chill at the beginning is soon followed by nausea, vomiting and high fever, burning hot to touch, but no thirst, no appetite, aversion to food. Then a profuse bad smelling perspiration.

The skin is at first dry and hot, soon the characteristic red papules appear, hard and feeling like shot in the skin, which go on to umbilicated vesiculation and pustulation. The Variolinum pustules do not break as in small-pox, but like the pustules in chicken-pox they dry down, from yellow scabs which soon fall off and rarely leave any scar.

This looks like small-pox, but it is only *one* kind. We cannot follow the practice of Allopaths who are giving *Diphtherinum* in

every case of diphtheria. We must individualize in this as in every other case. Where indicated Variolinum has given wonderful results. After seeing many and severe cases one physician reports that "the disease is shortened nearly one-half, suffering of patient much mitigated, secondary fever either absent or very much lighter, pustules do not burst, but wither or wilt and fall off, suppurative stage immeasurably hastened and shortened and patients are not marked."

As yet we have but few chronic symptoms of Variolinum. It has cured chronic eye troubles, boils and ring worms which have followed small-pox, varioloid or vaccination.

J. P., 8 years.

Aug. 9.

1894.

Vaccinated in early spring on left arm, does not heal, forms one scab after another. Now has large pustule on side of nose, styes, run-arounds on fingers.

Has spells of headache, left temple, nausea.

>pressure.

>moisture.

<noise.

Was blind a year when a child from-iritis, eyesight good now.

Crops of styes one after another for years.

Does not play, always at work, sewing, housework.

Awakes and walks around at night she is so hot all over.

Aversion to meat, desires sours, ice cream.

'Timid; screams when startled, had St. Vitus' dance last summer.

>open air, >cold weather.

A little deaf at times.

Constipated.

Variolinum^{em}

Aug. 16.

Boils on face healed, vaccination mark dryer, less inflamed, arm not swollen.

S. L. Feels better.

Aug. 23.

Vaccination scab was knocked off this week.

S. L. Feels better.

This case reported but twice and we have not been able to find her since to learn the full effect of the remedy, but in that short period the improvement was marvelous, the child's skin became clear and pink and all eruptions had disappeared.

A far greater and even more important use of Variolinum is in the prevention of small-pox and the doing away of the barbarious custom of vaccination—making a wound and inserting a heterogeneous mass of debris taken from some psoric, syphilitic or sycotic individual or from some “mediocre cow” (when there is room for doubt that the cow-pox and small-pox are one and the same disease). The dangers of vaccination are great and its benefits doubtful, while the protection by Variolinum has been proven certain in many cases where vaccination was not proof against the dread disease, for Variolinum high brings out symptoms even after vaccination.

Fincke reports the following provings:

Mrs. St. (German), *atat.* 30. Blond. Blue eyes. Large figure. Vaccinated. Received Variolin.¹⁰⁰ (F.)

On succeeding day, headache. Frightful pains in the back and sacrum; so tired in the legs that she must lie down. Fever day and night, with many dreams. Doesn't want to eat.

On third day all was gone.

Miss C. S. (American), *atat.* 30. Brunette. Desired to be re-vaccinated; instead she received on Dec. 28th, 1871, Variolin.³⁰ (F.), seven powders, one to be taken dry each evening.

Dec. 29—31. Pains in all the limbs, and particularly above the knees; a steady, dull pain as if in the bones.

Dec. 31. Same as if the limbs were broken. During the night sharp pains in the left mamma, from above downward, occurring frequently after going to bed; and a stitching pain early in the morning.

Jan. 2, 1872. Slight inflammation of the throat on the left side, with pains on swallowing. Could not sleep during the night on account of the stomach-ache. Received Variolin.¹⁰⁰ (F.), three powders, one to be taken dry each evening.

Jan. 4. Violent pains during the entire night in the back and in every bone, so that she could not sleep until towards morning. The pains were principally located in the tendons; and all the limbs ached—aching as if in the bones. Vomited a small quantity of bile, which was preceded for a long time by a bitter taste.

Jan. 5. Very weak during the whole day, as if recovering from a severe illness.

Jan. 10. Sleepless all night.

Jan. 14. The same. Frequent sharp, shooting pains; also dull pains in the abdomen throughout the day.

Jan. 15. Sleepless for half the night, with some pains in the abdomen.

Jan. 16. Has been lying awake in bed for the last three nights, with bitter taste which is speedily followed by vomiting of small quantities of bile. Much constipation. During the night sore, bruised feeling through the region of the stomach—running towards the back. Slight attack of nausea like sea-sickness. From over exertion last evening a fluttering sensation about the heart (pericardium). Cramping pains in the stomach, and region of the abdomen day and night. She fell asleep at 5 o'clock in the morning, and after a repetition of the bitter taste, vomit of bile.

Jan. 17. The same pains continue; the back being very painful; a pressing sensation between the shoulders. The cramps recurred with nausea and unabated fainting spells.

Jan. 18. The same. During the night cramps in the abdomen; a liquid stool following with relief; but was chiefly awake during the night.

Jan. 19. The same kinds of cramps continue, though better upon going out. She feels very sick and depressed.

Jan. 20. The same cramps, which, though not quite so severe still tend to induce fainting spells. They impress her as in two places; sometimes only in one place—through the stomach.

Jan. 21. Menstruation sets in. Weakness so great that she must lie down. No appetite. It seems frequently as if she must vomit bile. She vomited a part of the supper taken last night—the vomit occurring two hours after eating; not very sour tasting. Occasionally there is the bitter taste, with a feeling as if she must vomit. Painful sensation in the stomach. She desires to rest; everything tries her.

Jan. 24. Couldn't get to sleep for a long time, and then slept heavily; not refreshing to her. Itching on the place of vaccination. Severe pains in the back. Received *Bryonia*⁷⁰⁰, seven powders, one to be taken dry each evening.

Feb. 1. The cramps in the abdomen, and the pains in the back disappeared gradually within three or four days after taking

the last remedy. This prover was not supersensitive, nor was she hysterical; but a cultivated lady from the upper classes.

Even if given after exposure to infection Variolinum ameliorates the attack in length and severity. Some time ago Fincke reported a case in the *Journal of Homœopathics*, of "a man with confluent small-pox, breaking out all over the body as in one mass, with tremendous swelling. He received Variolinum^{1m} (F.) in half a tumbler of water, one teaspoonful every two hours.

The eruption began to dry up at once. The desquamation took place on the ninth day, and no pits or spots remained."

Variolinum is never dangerous, if the patient is susceptible the symptoms are light and wear off in a few days. It is within our power to modify the dose and potency, we can go higher and higher or repeat the dose at sufficient intervals to protect individuals and never leave bad results.

Fincke says: "Variolation is the similimum of the infection with Variola. Even the Vaccinin is a 'simile' as its provings show, and may be used as a prophylactic. Potentization makes a similimum."

The time is coming when all will have courage to say to the health officer as did the young son of a Homœopathic physician, "I have been vaccinated through my stomach."

President—Any remarks upon the paper?

Dr. Gladwin—When the doctor was saying that Fincke gave several powders, I was glad I was not his prover.

Dr. Park—I think from that we are taught to give one dose and see what that will do:

President—I believe that Fincke does that at present.

Dr. Park—It was in 1871 that this proving was made.

President—Dr. Kent, cannot you relate your experience with this remedy?

Dr. Kent—Oh! I have not had much of any experience with it. I really cannot recount anything that would be of any value.

President—I myself have only seen it used once, in a case here in the Clinic last summer, the symptoms coming on after vaccination; the remedy saved the child from death without doubt. I would like to know if there is any relation between Vaccininum and Melandrium?

Dr. Kent—Well, if the horse gets small-pox, the product is supposed to be what we call Melandrium. If the cow gets small-pox you know what that is called. Vaccininum is the product

from the cow-pox, and Melandrium is the product from the horse-pox and Variolinum is the product from the human-pox—small-pox. It is not an uncommon thing for cows and dogs and cats to get small-pox when it is in the house. I know an instance of small-pox when the cow in the back yard, not within one hundred feet of the house, was milked by the nurse who took care of the patient, and the cow took small-pox. She broke out extensively over the back and various parts of the body, not very sick. Well, that was small-pox. To suppose that it is any better by coming from the cow or the horse is only a matter of supposition; there is no good reason to suppose that it is made any more similar, and why we should be more anxious to use it if it is taken from the horse-pox, and from the cow than from the human pox, is more than I am able to say. Dr. Guernsey, who has been a strong advocate of the use of Melandrium on all occasions, recommends it as a prophylactic. He feeds it to all of his patients instead of vaccinating them. It seems to me to be a sort of tweedle dum and tweedle dee.

Dr. Low—In potentizing the contents of the pustules from a small-pox patient who had syphilis, would the syphilitic miasm be held in obedience, so that there would be none of the syphilis in the lymph?

Dr. Kent—That is a question that has been extensively discussed and not decided. A class of pathologists several years ago, when I read up the subject more fully than lately, argued that the lymph was perfectly pure at that time, and that syphilis could not be conveyed, but it has been known that syphilis has been conveyed by vaccination several times, but to satisfy all argument it was affirmed that the blood must have been taken from the pustules and not the pure lymph, but the blood around the pustule. Well, these are hair-splitting distinctions that have not been settled, and I suppose never will be. But that syphilis has been conveyed by vaccination is quite true; that the very life of the patient is in that lymph I think is highly probable, that the very life substance, the simple substance of the individual himself is in that lymph is highly probable. All of his chronic miasms are probably represented, they have their ambassadors. This I think is highly probable.

Dr. Gladwin—If we should take a pustule and prepare some Variolinum, should we be likely to get the same results as from the Variolinum that was proved?

Dr. Kent—Not absolutely the same. In a general way you would get the same proving, but not absolutely the same proving as there are no two cases alike. If a preparation has been proved that preparation should be used for ever.

Dr. Gladwin—Then we would not be likely to have the same proving from the cow and horse.

Dr. Kent—No, not exactly the same, there would be at least the difference between individuals, but whether the difference would be greater than that between human individuals, I am unable to say. There is a general impression abroad that the result of the vaccine virus upon the human economy is much milder than the small-pox virus. There seems to be some ground for it. But it does engraft itself upon the constitution in a way that is most difficult to find out.

Dr. Park—In these provings of Dr. Fincke's he also reported a case of a man broken out with pustule resembling pustules taken from the cow, from milking. He was a herder. He was given Variolinum, one or two doses, and cured.

Dr. Kent—Yes, I remember that case.

President—Yes, I think he also reports, either he or Swan, by the use of Vaccinum in a child, I believe in several cases, that although afterwards they were vaccinated a number of times, there was no effect whatever.

Dr. Park—The other day Dr. Pierce spoke of a case of pneumonia with distressing backache and headache with these bone-breaking pains, where he gave Variolinum with great relief to the patient.

Dr. Hinds—I would like to ask Mr. President, in using Vaccinin in vaccination, whether you are to look for symptoms after you give the remedy to vaccinate the child through the stomach, as they say. I have given it in three or four cases and can never get any symptoms from it.

Dr. Kent—How did you give it, doctor?

Dr. Hinds—I used it internally, the 20th in single dose.

Dr. Kent—If you give Variolinum that is good and genuine, and you use the 30th or 200th, and in the single dose, if that patient is susceptible enough to take small-pox, you will see symptoms. If the patient is not susceptible enough to take small-pox the possibility is that you will not see symptoms. If you repeat the dose, one powder every night in the 30th potency you will be likely to have symptoms, though the susceptibility is

not marked with the one dose. You will be likely to get a few symptoms, and if not a pustule or two, you will get such febrile reaction as you would from vaccination.

President—Are you likely to create a susceptibility by repeated vaccination, as you would by using the potency?

Dr. Kent—You might, probably would. The very best protection, for mere protection, for a homœopathic physician, for instance, who wants to protect his own family or himself, is a good high attenuation of Variolinum. And if patients want to be protected it is the best possible protection, because if they would take small-pox it would probably protect them. That is something that ought to be known, of course, where there is an epidemic of small pox about. If there is no susceptibility, then there will be no action. A question might arise from this as to the very best form of vaccination. When we take into consideration the prejudice of the people at the present time and the prejudiced attitude of the Board of Health, and that we desire to be law-abiding citizens and at the same time conserve our principles, there is no better plan than to deceive the patients; as we deceive them with sugar, so deceive them by a process of vaccination, which is vaccination without any vaccine virus, only a quill is used, and at the same time put up three or four powders of a potentized Variol. It will protect the patient. It is not well for the patients ever to know these things any more than they should know the remedy they are taking. It is none of their business. It is a very mischievous thing that the patients know anything about vaccination. The physician's matters should be wholly secret in his own hands and in his own mind, and these things should not become public property. The patient, of course, is looking for some great swelling of the arm, and vesicle, or something of this kind, and if told that the vaccination has not worked very well, they may be vaccinated again; it can be repeated, and if this were done by homœopaths, I believe in course of time we would be enabled to find out more particularly to what extent it is protective. I believe this to be protective because it is in accordance with principle, in accordance with the law of susceptibility, which all you who are pupils in this Post-Graduate School will understand. The doctrine of susceptibility will explain it.

Dr. Hinds—One great trouble seems to be in vaccination that it does not satisfy the Board of Health. They examine the

school children, and if they find no cicatrix there they send them home. I had that occur with one of my patients.

Dr. Kent—Patients are not entitled to any lengthy explanation about things, and I do not recognize that the Board of Health has any right to go behind my signature. It is none of their business. They make it their business, I know, to a great extent. But you have got to face it and keep your feet on the earth. I have had scores and scores of children in the schools this winter and I have not had any trouble or any arms examined.

Dr. Hinds—I know it to be a fact because it happened in the case of my own daughter.

A letter from Dr. Fincke was read, as also an interesting and instructive paper, giving a proving of *Hyoscyamus*.

HYOSCYAMUS.

In 1850 when studying the Chronic Diseases of Hahnemann, I found in volume I, page 183, in a note his remark that also the freshly expressed juices of plants are best treated by trituration with milksugar, as he prescribed for minerals and dry substances. To test this I triturated a just opening kind of a fresh specimen of henbane according to the rules centesimally and brought it up to the 12th c. potency.

Of this I gave to an old lady of some 60 years of age a drop on sugar before going to bed and the following was the result:

1850.

Aug. 18.

R. *Hyosc. nig.*^{12c} one drop immediately after.

Pressure in the zygomatic bones like cramp.

Pressing together (*Tusammenpressen*) of the facial bones with pain on touch.

Drawing from the back toward the chest; painful on touch.

Refreshing though sometimes interrupted sleep when she feels the pain in the face (after being very tired).

Pleasant dreams of a beloved person.

Aug. 19.

In morning increased appetite.

Sensation of a mucous globule in throat which she must swallow down.

Before retiring another drop of the same potency was given.

After one minute:

Spasmodic pressing together in the parietal bones.

In the night:

Spasmodic pressing together in the upper jaw and then at the occiput, distinctly marked.

Sound sleep.

Keen appetite in the morning.

The globule in throat there yet.

Aug. 20.

In evening:

Pressing together like cramp in upper jaw.

In the night:

Drawing together of toes.

Pressing together in occiput, waking her up.

Refreshing sleep.

Aug. 22.

In the night:

Painful scraping as with a knife in the windpipe upward, after which the mucous globule moved up as if it could be taken out.

Cramp in the upper jaw on going to bed.

Good sleep.

Pressing together in left mamma.

Aug. 24.

Morning:

Gripping together, digging in left mamma.

Aug. 30.

Pressing together in both sides, going to the stomach-pit and ascending in throat where it seemed to constrict the larynx (as after sour pears).

The globule is there yet.

From the throat the pain passes up over the front of the larynx (avoiding the lower jaw) as far as the middle of the upper jaw under the nose and dividing passes on both sides of the face underneath the zygomatic bones through the ears around the head up to the crown with pressing together of the whole head. All these affected parts were spasmodically pressed together mostly in the bones for a half hour.

Fullness in the ears as if something wanted to get out,
like a waterfall.

Both mamma heavy like stones.

Depression, followed by remarkably good sleep and
good appetite.

Sept. 21.

The globule disappeared.

The power of vision increased as in her early youth.

She is very near-sighted.

The lady was perfectly well when taking the medicine, and has
not dieted particularly, drinking her habitual coffee.

President—I would state that I wrote to three or four of the
honorary members and received answers from two, one from Dr.
Fincke and one from Dr. Leggett.

Dr. Leggett's letter was then read, which contained a promise
for a paper at the May meeting.

President—Would it not be well to express our appreciation of
Dr. Fincke's paper by sending him a note of thanks for it?

Dr. Kent—I would make a motion to the effect that the Sec-
retary be instructed to write Dr. Fincke and express the thanks
of the Organon and Materia Medica Society of Philadelphia for
his contribution on Hyoscyamus.

Seconded and carried.

A paper by Dr. Ironside on Clinical Medicine was read.

W. H. S. Aged 26 years.

1894.

Mar. 3.

Has had grippe for four weeks and under old school
treatment.

Appetite, none.

After eating may vomit.

Stools thin, watery, very offensive, and greenish cast.

Feels weak and miserable toward evening.

Sleep restless, dreams of murders, of falling.

Coughs up a whitish mucous.

Breath is very offensive, smells it himself.

Thirsty for cold water; if drinks much vomits it.

Desires everything cold.

Warm food or drink turns against him.

Tongue whitish.

Urine dark, offensive, sediment of red sand.

<least jar.

Was very chilly on Feb. 26. Bowels had been previously constipated, took much physic and been loose since.

Wants few bed covers.

Bry.^{cm} Vertigo on rising.

Mar. 8.

Stools less frequent, thicker, formed, brownish.

Delirium; wants to get up; must be forcibly kept in bed.

Delirium; continually talking of money; has fortunes.

Left him.

Delirium; threatened to strike his wife.

Delirium; talks much about his work.

Each day says he does not ache and is free of pain.

Tongue dry, brown, cracked in the middle.

Thirst is much less.

Answers some questions correctly.

Sleepless.

Cough hard but less oftener.

Abdomen bloated, rumbling.

Abdomen dotted with small pimples.

Pulse 120 in the morning, 132 in the evening.

Perspiration on face and hands.

Wants his wife to protect him from his brother-in-law.

Twitching and jerking of arms and legs frequent.

Hyos.^{cc} in water for three doses, two hours apart.

Mar. 9.

Dosed off and on all night.

Temperature 103.3. Pulse 120. Not so thirsty, nor so delirious.

Mar. 11.

Not so delirious.

Raises his head from pillow frequently and looks around.

Constant warm sweat.

Temperature 103 in the morning, 103.4 in the evening.

Stram.^{cc} in water for three or four doses, two hours apart.

Mar. 12.

Apparently not a muscle in his body quiet. Is in a constant tremor, night and day.

Talks of being at work, of money and to people not present.

Wanted to get up, his wife objected and he struck her. Sleepless.

Eyes staring, wild look, raises head from pillow.

Slipping down in bed, until today kept working up in bed.

Groping in air for things.

Sweat constant, warm and all over body.

Temperature 103 in the morning, 104 in the evening.

Hyos.^{cc} in water every two hours.

Mar. 13.

Last night at 11 o'clock sticking stopped gradually.

Doses much.

Urination now is involuntary.

Temperature 101 in the morning, 101.3 in the evening.

Pulse 112.

Hyos.^{cc} continued.

Mar. 14.

Sleeps much; says he is sleepy.

Flighty by spells. Wanted to rise and dress, when restrained called for help.

Urination involuntary.

Mar. 15.

Temperature 101.2 in the morning; pulse 112.

Temperature 102 in the evening; pulse 112.

Sleeps much and urination involuntary at times.

April 13.

Sulph.^{cm} Not gaining strength rapidly as desired.

April 20.

Face very yellow, and in brown patches upon sides.

Pain in lower abdomen, with much soreness.

Feels weak, draggy and sleepy during the day.

Wakens at 2 a. m. Thinking for one or two hours be-

Sep.^{50m} fore falls asleep.

June 12.

Old foot sweat is now causing trouble.

Sweat is offensive.

Sil.^{cc} Sweat causes toes to be sore.

1895.

April 1.

Has been in good health since last date.

Mrs. B. ——. Aged 30.

1893.

June 7.

Head hot upon rising in the morning.

Sulph.^{cm} Hot sensation around waist in the morning.

Nov. 18.

Seven months pregnant.

Convulsion at 10:30 p. m., another at 12 p. m.

Limbs œdematous.

Vision dim.

Dull headache.

Kalic.^{cm} Puffed over eyelids for one week previous.

Nov. 19.

Convulsions at 3 a. m., 5 a. m. and 8 a. m. a light one.

Urine 10.14 albuminous.

Urine dirty, muddy coffee color, scanty, thick.

Urine none for thirty-six hours, but perspiring freely,
especially about the feet.

Nov. 20.

Urine not so scant, clearer color, no sediment.

Can now recall events of the past day.

Before each convulsion felt a severe jerking in the left
side of abdomen.

Limbs not so œdematous.

Upper eyelids still puffed.

Headache at times in right temple, a shooting pain.

Nov. 21.

Slept good, vision still dim.

Feet perspiring freely.

Nov. 24.

Stool large, hard, difficult.

Stool followed by dull pain in abdomen.

Chilly at times.

Nux v.^{cc} Vomiting of yellow bile.

Nov. 26.

Headache left side of head, from back to front, locating at left temple, a shooting pain; <opening eyes and facing the light.

Nov. 27.

Pain in region of kidneys at 3 a. m.

Nov. 28.

Delivered of still child, appeared as if dead a week or more.

Delivered feet foremost.

Dec. 6.

Hands and feet have a constant perspiration.

Sulph.^{cm} Pains in various parts of the head.

Dec. 18.

Kalic.^{cm} Slight puffiness under eyes in the morning.

1894.

Jan. 10.

Menses returned.

A communication was read from Dr. Kaercher, in which he tendered his resignation from membership in the Society. An interesting paper entitled "Food for Thought," was also read.

FOOD FOR THOUGHT.

Mary M———, aged 5.

Fat, sanguineous youngster. Was suddenly taken with high fever, sore throat, difficulty of swallowing, restlessness. One hour after the trouble set in I saw her and prescribed Belladonna for the following symptoms:

Face red, hot.

Pupils dilated.

Tongue white.

Throat red, and tonsils and uvula covered with a whitish deposit; general swelling of pharynx.

Swallowing extremely difficult, without particular pain.

Trouble began on right side.

Throbbing frontal headache.

Trembling.

Restless and starts during sleep.

Pulse 138; full hard.

Body burning hot.

These symptoms called for Belladonna, but lo! my bottle thereof was completely empty. What now? Two miles away from home and no Belladonna! What a predicament for a mongrel! Well, I took a number of pellets from an s. l. bottle, dropped them into the Belladonna bottle and gave the bottle a few vigorous shakes, and a dose of Belladonna^{cm} was soon ready for the little patient. The next day at noon my patient was well; no fever, no sore throat, ate and drank and played as usual. No return these five months and well ever since. Score a point for dry contact. I related this case to Dr. Kent and Mr. Matthews at the time.

The essayists for the following meeting were appointed, as follows:

Organon, § 91, Dr. Low.

Materia Medica, Dr. Keith.

Clinical Medicine, Dr. Pierce.

The meeting then adjourned.

The physician must see, and feel, as the artist does his picture. He must perceive, by his knowledge of the human heart, that good woman's state whose religious melancholy he could not otherwise understand.—*Kent*.

Every scientific man today is trying to find something he can claim as his own. Such a man cannot understand Homœopathy. He worships himself. Has dwelt on the externals so long that it is impossible for him to think rationally.—*Kent*.

Whenever a man settles all things by his eyes, and fingers, pseudo-science and theories, he reasons from lasts to forests; in other words, from himself, and is insane.—*Kent*.

A man whose services are worth having, can starve in the gutter, in order that he may do good, for the love of his neighbor; and he will acquire this power, this perception. Such a physician may realize what it is to have a duty to perform.—*Kent*.

What matters it what people think of a just man? His reputation will take care of itself.—*Kent*.

People's Department.

A PHYSICIAN'S LIFE AMONG THE NEGROES.

Letter No. 3.

ELLIVNAD, VA.

Dear Doctor:—So you wish to know something about the homœopathic profession in Virginia. Having been actively engaged recently in reorganizing the "Hahnemann Medical Society of the Old Dominion," I can tell you what little there is to tell. Firstly, we are badly demoralized. There is no unity among us. Scattered as we are, there seems to be great difficulty in getting together and discussing ways and means for our own good. Twenty-six of us hold the fort in this State. We are located as follows: Five in Rickmond, six in Norfolk, and one in each of the following places: Arlington, Danville, Drewry's Bluff, Fancy Gap, Fairfax, Gayton, Grimes, Lone Pine, Lynchburg, Mabelton, Mt. Jackson, Petersburg, Roanoke, Staunton and Winchester, and your humble servant. As near as I can learn all of them are doing fairly well. Some few of them are doing a ten thousand dollar practice. High license and the Medical Examining Board have been serious drawbacks in the past to the homœopathic profession here. There are several excellent locations in the state where good homœopathic physicians, energetic men, could soon build up a lucrative practice. I receive many letters from different parts of the state, requesting prescriptions. Several of these parties have assured me, that in their opinion, a good homœopathic physician would succeed in their locality.

During the present session of the legislature a bill will be presented for a separate Medical Examining Board. I think there are good prospects for the bill to pass. I hope to see within the next five years our members increased to one hundred. The north and west are pretty well supplied with the commodity, and the best field now for a young man is the South. There are plenty of good locations waiting for the right man to come along and occupy. During, and for sometime after, the war there existed a strong prejudice in the south against a northern man.

This feeling has largely given way to a more friendly one. Once in a while I find one of the old settlers who lost his negroes by the war, who is still bitter in his hatred of the Yankee. This happens, however, but rarely; just enough to be a little spicy and add flavor to life. In a few more years, when these old men shall have been gathered to their last homes, this feeling will die with them. Even now, the simple fact that a man comes from beyond the "Mason and Dixon line," has no effect upon him scarcely.

Virginia needs live, energetic northern men to come here and bring their wealth of money and brains with them. She especially needs live, energetic homœopathic physicians by the score,



and they would be accorded a warm and hearty welcome in many communities. If you know of any such who desire to try Virginia as a field of labor, give them my address, and I will do all in my power to put them into a good place. Within a radius of one hundred miles from where I am sitting, there are good locations for at least thirty homœopathic physicians.

The medical law, as it is now carried out, is unjust to us. The Medical Examining Board of Virginia is composed of twelve allopathic and two homœopathic physicians. The board meets twice each year; in the spring at Richmond, and in the fall at the same time and place with the Medical Society (Old School) of Virginia. Each candidate for examination is required to register his name, and the college from which he is a graduate, or from which he expects to graduate, and to pay an examina-

tion fee of five dollars. There is nothing to prevent a non-graduate from taking the examination. In some few instances non-graduates have successfully passed the board. What prevents these men from entering at once upon a practice? Nothing. They can not be disturbed in their practice. Each candidate for examination, when he registers is given a number, which he is to sign to his papers instead of his name. The questions are put upon a black-board and hung up on the wall of the room where the examination takes place. No communication between candidates is allowed. The examination is divided into eight sections. Four sections are given each day, and each section has three hours allotted to it. When the candidate finishes his paper, he affixes his number to it, folds it, puts his number on the outside, and deposits it upon the table in front of the examiners. When the three hours allotted to a section has expired, time is called, and all the papers must be handed in. The next section is put upon the board, and the already weary candidate must buckle down to another three hours of hard work. The last examination of the day closes at 11 p. m. As each section finishes its examination the papers are taken by the examiner to his home and there examined at his leisure. After he finishes his examination, he marks on a separate slip of paper, opposite the number on the examined paper, the percentage he thinks the candidate entitled to, and sends the papers to his associate on the section, who goes through a similar process. The marks of each examiner are sent to the secretary of the board at Richmond, who compares them and rates accordingly, and notifies the anxious candidate by mail of the result.

Practically the secretary constitutes the examining board, as he has the opportunity to mark the papers as he may choose. The secretary is an allopathic physician. We claim that this method of conducting the examinations gives the homœopathic candidate an unfair showing. In fact he is entirely at the mercy of one man, the secretary of the board. I do not charge that any unfair advantage has ever been taken by the allopathic secretary of the Virginia Medical Examining Board, but do say that he has every opportunity to show partiality.

We consider ourselves as thoroughly competent to examine our own candidates, as our worthy allopathic brother, and have a petition before the legislature to grant us a separate board. The matter is in the hands of a thoroughly competent committee

of homœopathic physicians, residing in Richmond. What the result of that petition may be no man can foresee.

"The Hahnemann Medical Society of the Old Dominion" has had a fitful existence. For two or three years in the eighties it met each fall, during fair week, at Richmond, in the office of that grand old pioneer of homœopathy, Dr. Jas. V. Hobson. No papers were ever presented, and after a session of a couple of hours, transacting no practical business, adjourned for a year.

As those of us living at a distance from Richmond, could ill afford to go to so much expense to pay merely a social visit, it soon came to pass that no one outside of Richmond attended the meetings, and this society went to sleep.

In the spring of 1894 the two homœopathic physicians living in Danville made an effort to revive the Society. A circular



letter was sent to every homoeopathic physician in the state, stating the condition of affairs, and urgently requesting their presence in Danville in June. The *Southern Journal of Homœopathy* generously came to our aid, and hooked us onto its tow-line and gallantly endeavored to arouse some degree of interest. June came, and one lone homoeopathic physician responded, and he a recently passed candidate before our board.

In the spring of 1895 another effort was made, and this time eight or nine assembled in a chamber of Hotel Murphy in Richmond, passed some resolutions, appointed a committee to present a bill to the legislature asking for a separate examining board, and really made a start. The next meeting will be held in Nor-

folk, June 1896. I sincerely hope that this meeting will be a success, and that much good will be accomplished. Homœopathy has been introduced in Virginia, and has made many warm friends here. At first the people were disposed to be afraid of it, and inclined to make fun of those introducing it, and of those who tried it. They applied harmless pet names as "humbug," "quack," "fraud," etc., to those of us who were trying to introduce it. Later the pet names were "Sugar and Water Doctor," "Sweet Pill Doctor," and other like epithets.

Gradually and steadily we have worked ourselves into the confidence of the people, and these epithets are now seldom heard. Our clientele are numbered by the thousands, and are among the better classes of society. The ignorant do not take kindly to the new school; they must swallow nauseous doses, that will make them sick, before they will have any faith in their recovery. The only inducement they find is in the fact that they do not have to go to the drug store and pay for their medicines. They not only beat the doctor out of his fee, but the medicines cost them nothing.

We have no room for half-way homœopathic physicians here, but plenty of room for stalwart men who believe in homœopathy as taught by Hahnemann and who *practice that and nothing else*. Men who can give a reason for the faith that is in them, men who will help to build up the cause, and help to place homœopathy upon the pedestal where it belongs, head and shoulders above all else. Send us down a few such men and we will welcome them with wide open arms.

"What about collections in Virginia?" Now, my dear doctor, you have touched upon a tender subject. I expect that collections in Virginia are about as good as elsewhere; they are awfully dull at present, and have been for a couple of years, owing I suppose to the general depression in all branches of business. Ellivnad is pre-eminently a tobacco town; that is, it is largely dependent upon the tobacco trade. Tobacco for the past three or four years has been of an inferior quality, and brought such low prices, that the farmer has had a losing crop; they have hardly been able to realize enough from their crop of tobacco to pay the cost of production. Then again, the market for manufactured tobacco has been over-stocked in years past, and the manufacturer has been unable to dispose of his goods to advantage. The causes, coupled with the general de-

pression throughout the country, has caused a scarcity of ready money, and the doctor, along with the rest of the community has had to suffer in consequence.

The farmer generally pays up every fall. The fall just passed I made my annual tour, intent on collecting my bills from my farmer friends. I had bills aggregating between one thousand and fifteen hundred dollars. I got less than \$20.00 in cash, but got several barrels of corn, three barrels of flour, some lard, pork, chickens, etc., etc. I have corn enough in my granary to last my horses a year, and several barrels more promised.

On one of my trips, I brought home in my buggy several hens and a duck. When I pulled that duck out of the buggy, my wife, who was standing by exclaimed: "What in the world did you get that thing for?" I told her that when I first came to this country every lady was crying "quack" when I passed, that lately I had not heard it, and felt real lonesome, so got this duck to remind me of old times, and that duck never fails to perform his duty in a solemn and most impressive manner whenever I pass his way.

The laws of Virginia protect the poor man. He is entitled, under the homestead law to two thousand dollars. If he can prove he has no more than this amount, there is no chance to collect a bill. If he is a married man, or otherwise the head of a family, his wages cannot be touched for his debts, except he is making over fifty dollars per month. Unless a bill is collected in two years from the time it is contracted, it becomes outlawed, is paid by limitation. You would naturally suppose that a man would be honest enough not to take advantage of this law. It would doubtless surprise you to know how many men do take advantage of this. For example: Mr. B. C. J. was taken with typhoid fever, and was sick and unable to earn any money for three months. He is a carpenter and works for \$1.50 a day. He has a wife and five children to support. When he finally is able to go to work, he is three months behind in his rent, owes three months grocery bill, and his children must all have some clothes. His landlord threatens to put him out of doors unless he pays something on back rent, the grocery man refuses him credit, now that he is able to go to work. He has his family to support, and these back bills to pay. Winter comes on; coal must be bought, also warm clothing for himself and family. Towards the end of the second year he begins to catch up with himself once more. His gratitude towards his doctor is fast dying out in the face of the bill he owes him. One of the children gets sick and he employs another doctor. His wages are less than fifty dollars a month. He puts off paying his bill until the two years have elapsed, and then takes refuge in the limitation act. This has been the actual experience of

Yours truly,

ANACARDIUM.

Editorial.

DISEASE.

Gould says that "disease is a condition of the body marked by inharmonious action of one or more of the various organs, owing to an abnormal condition or structural change." The *Century Dictionary* defines disease in general "a morbid, painful or otherwise distressing physical condition, acute or chronic, which may result either in death or in a more or less complete return to health; deviation from the healthy or normal condition of any of the functions or tissues of the body." Huxley says "disease is a perturbation of the normal activities of a living body." Hahnemann says that "disease is the alterations in the state of health expressed by morbid signs or symptoms." (A careful study of the manifestations of disease has led us to formulate the condition as the susceptibility of each individual to external impressions; this susceptibility making disease manifest by morbid signs or symptoms). Disease is a susceptibility to external impressions which can only be removed by art. The differences in the practice of medicine is largely based upon the differences in the conception of the nature of disease; naturally the man who looks upon the pathological results of disease as the disease per se, believes he has cured said disease when he has removed the results of the same, and naturally the man who sees in disease nothing but the alteration in structure or function of different organs will feel that he has cured the same when those functions have been restored to a normal condition by whatever means that may be employed. But the man who looks deeper and beyond these manifestations or evidences of disease to the condition which led to the frequent return of the similar conditions will be led to take nature more thoroughly into his confidence and seek from her the reason for these alterations, believing the force of nature to be sufficient when properly directed to restore harmony to the functions of the body in a more perfect manner than the bungling efforts of finite man. Physicians who regard *asthma* as a disease, when by the inhalation of some gases, or the absorption of some powerful sedative, or the more pleasant plan, the removal of the individual to a more favorable environment, that they have accomplished all that is demanded of them, by the temporary respite from the inconvenience and suffering of the present time *Hay fever* is not a disease of itself, but simply the manifestation of a susceptibility of the individual to certain impressions made at certain periods of

the year. Or in other words, the impressions made at certain periods of the year are so much more intense than those made at other times, that the aggravations become so marked as to seemingly produce a new and characteristic disturbance; but a close observation will reveal the fact that people suffering from hay fever are very susceptible to changes in temperature or atmospheric conditions, and the physician who would cure the aggravated forms of asthma, hay fever or any similar manifestation will be compelled to go behind this and seek for the cause among the most hidden recesses of the life under consideration. He must also recognize at all times the two factors involved: First, the individual susceptibility, and second, the necessity for impressions made from without. Frequently one factor is recognized, the susceptibility to external impressions, and this leads the physician to attempt to cure by the removal of the external impressions, and for this reason sick people are advised to seek an environment affording the greatest immunity from these exciting causes and the almost complete relief from suffering during their sojourn in such environment seems sufficient to justify them in the course pursued.

If it be true that this susceptibility is an important factor in all diseased manifestations the inquiry naturally arises, from what source comes this susceptibility? and this inquiry opens so vast a field that it cannot be satisfactorily considered at this time; suffice for the present to state that beginning with that stage in the development of life in which man comes forth, the superiority of his development over other forms of organized life naturally gave him control and this power was exercised by him in accordance with the desires of his nature. Two axioms may be noted in passing: First, that the complexity of desires increased with the degree of development; second, the more limited the desire the more perfect is the conformation to the simple laws of nature. The first appearance of man is marked by a simplicity of desire and corresponding simplicity of life which shows itself in the remarkable longevity of life. As man increased in civilization the demands of his nature showed a corresponding increase and greater opportunities for the creeping in of errors in judgment, the consequent transgression of the laws of nature. In simple justice, these transgressions brought with them their own punishment and beginning with these transgressions the ingenuity of man began to devise ways and means for mitigating the severity of the punishment and in his ignorance oftentimes the means selected, because of the temporary respite, caused a perversion which made the individual more and more susceptible to the effects of such violations. Thus we find that the seeds of disease were planted at the time when man began to devise ways and means for escaping the punishment arising from the violation of nature's laws, until a stage of perversion has been reached in which one of the rarest things to be found is an individual in a comparatively perfect state of health. We have likewise seen the longevity of the

race lowered to a point which created such consternation and anxious inquiry as to produce a demand from humanity for the setting aside of a body of investigators who would devote their entire lives to the study of disease and the means for not only arresting but preventing the same. The result of this demand is seen today in the vast army of earnest scientific investigators in all the realm of medical science. The vital importance of this investigation ought by its very nature to bring together by the closest bonds of fraternity every one who would give his life for the benefit of mankind, and it is only because of the failure to grasp the complex preliminary in hand that men in their ignorance have divided themselves into sects and parties having for their bond the union with bigotry which logically goes hand in hand with ignorance.

LET THE CHILDREN DIG AND CLIMB.

In his lecture before the Chicago Anthropological society Sunday Dr. Holmes pointed out that at certain periods in the child's life it stopped growing for a time and that during these seasons of retarded development it was necessary that the child should receive special care and attention. As practical applications of his advice he gave these:

"I speak principally of the boy because he has the hardest time of it, is the least studied, and is considered strong enough to develop properly whether he is treated rationally or not. The first thing a boy requires is room to grow. He should have a yard in which to dig and he should have trees to climb. He must not be hedged about with a high fence of 'don't's' and 'take cares' and 'mustn't touch its' until he becomes timid, dishonest, vacillating. Give him plenty of room and there will not be much doubt about his rational development until he reaches the age of 6. At this point he stops growing. Weigh him and he will weigh less than before. Test his strength and he will be found weaker.

"Now this is the age at which the majority of boys are considered old enough to go to some school. He may be old enough, but he is far from being strong enough. He should receive more attention, more tenderness, more consideration, from six to 8 than for the two years previous. During these two years no boy should be in school nor inside anymore than is necessary. He is bashful. He wants to burrow in the ground and have a place to hide things. He should not be restricted to regular meal hours and he must have plenty of sleep. During these two years he loses his two front teeth and he should not begin regular public school duties until these are replaced. At 8 he becomes a fine, manly fellow and is anxious to learn something more about the wonderful things he has noted while digging and climbing. He is full of questions which might puzzle many an old head to answer.

"Always remembering to give the boy plenty of freedom of the natural sort, he will grow vigorously from 8 to 12. At this age he should be taken from school for from six months to a year and given as much mild exercise and employment in the open air as possible. After resuming his studies he should have a man teacher and be taught with boys only. There is abundant scientific reason for this and it should continue until he is through the high school.

"By 17, the most critical period in his life, he should be kept out of school, at light employment and under the most judicious direction, for from a year to two years. Not until that period of retarded growth is past should he enter college, no matter how much he may wish to forge ahead. Between 17 and 21

he should not play football, race, either on foot or on a bicycle, or indulge in any vigorous exercise. His heart is not equal to the size of his body, and he must rest until it grows. I may say that no boy should play so vigorous a game as football until after 21. Easy bicycle riding and light exercise are proper for him during this important period.

"All I have said applies with equal force to the girl. It should be noticed, however, that at the age of 12, 13 or 14 she outstrips the boy, not only in inches but in talents. Her growth is much more radical than his during this period. For this reason there is greater danger in keeping the girl in school. This growth may be arrested and she may never become a fully developed woman. During this time the girl should be kept from school and from exciting society for a year or two, or until womanly functions are established. There is not as much danger with the girl after 17 as there is with the boy.

"It would not be giving a practical answer to the question to say how the child should be treated in school. There, according to our present system, all work by the same rule; all must study the same subjects and in the same amounts. There are many things the child should know before it is asked to learn to read. What I have said applies to the parents who have it in their province to watch the growing boy and girl; to take them from school when in their judgment such a course is wisest, and to send them back when they are strong enough to stand the work. The idea that a boy must complete his schooling in a given number of years and terms is as contrary to natural law as that gravity should impel a stone upward. Simply watch the boys and girls growing, and give them room to grow. Ask nothing of them that is not made reasonable to them if you would avoid making them dishonest. Don't make the home so fine that they cannot play in it, and find them earth to dig in if you have to take up the floor of your basement or put a few feet of earth in one of your house rooms."

A SANITARY REVELATION.

At the recent meeting of the American Association of Physicians in Indianapolis, Dr. W. B. Clarke, of anti-vaccination fame, read a paper bearing the above title, and we bring to our readers the following statement with its corroborative evidence because of its startling significance.

"One of the most curious and interesting pathological nuts for professional sanitarians to crack is the singular fact that in years of great smallpox epidemics in any country where full statistics are carefully kept the general mortality is actually smaller than in the years when the country was free from such epidemics. It is almost as curious a fact that among the patriotic army of professional bugaboo fighters, i. e., smallpox squelchers connected with health boards—it is difficult to hear of even one official who knows of the astonishing truth above stated. This so-far foundation principle in sanitary work seems terra incognita to them, more especially to the zealous vaccination enforcers, which is all the more remarkable (that is, if they are familiar with the history of their subject) because it was through studies in smallpox and vaccination that this truth was revealed. In 1878 Sir Thomas Chambers astonished the members of the House of Commons by saying in a speech: 'You cannot show that vaccination has reduced deaths or saved a single life. There may be no smallpox, but the disappearance of smallpox is by no means equivalent to a reduction in mortality.' And he spoke by the card, as it is the purpose of this short paper to show for the benefit of those vaccination enthusiasts and officials who, on the principle of 'fools rush in where angels fear to tread,' will be the first to deny the truth of the observation.

"The remarkable fact stated in my first sentence (at least as applied to smallpox among children by its discoverer) was first given to the world as long ago as 1813, by Dr. Robert Watt, lecturer on theory and practice, Glasgow, in a sixty-

four-page pamphlet entitled 'An inquiry into the relative mortality of the principal diseases of children, and the numbers who have died under ten years of age in Glasgow during the last thirty years.' To briefly epitomize this remarkable inquiry, its author shows that smallpox in the early years covered by him was pre-eminently a disease of childhood, the mortality being great (because Glasgow was then such a filthy city), that measles was a very mild disease before vaccination came in vogue, its mortality being less than 1 per cent., increased to 10.76 when vaccination was pretty well introduced. Dr. Watt was told that vaccination was responsible for increasing the virulence of measles, but, being a staunch believer in the fetish, 'considered this an idle tale.' His great statement, that a fall in smallpox was compensated for by a rise in deaths from other diseases, was a great discovery, and one which deserves far more attention from all who lay claim to the title of sanitarian."

CORROBORATIVE STATEMENTS.

"Statistical testimonies of the truth of Dr. Watt's statement, with which, practically, this paper begins, are plentiful, and a few will be given as illustrations. Rector P. A. Silgestrom, of Sweden, in his exhaustive 104-page pamphlet of tables relative to the course of mortality in Sweden from 1774 to 1978, after plainly showing that the 'horrors of smallpox' have been grossly exaggerated by ordinary writers graphically depicts the fact that bad years of smallpox are not years of high general mortality, nor are years of little smallpox years of a low mortality.

"Thus, in Sweden, in 1825, smallpox killed 1,243 and typhus 3,926, in 1829 the figures being 53 and 9,264, respectively. In 1846 smallpox took 2, the total death being 72,693, while in 1854, though smallpox took 2,488, the general mortality was 72,566. In Copenhagen, Denmark, the smallpox deaths for the five years 1871-5 nearly equaled those of the preceding thirty years, but without raising the general mortality.

"In Prague, from 1796 to 1802, the general mortality was one in thirty-two, the death rate of smallpox 1 in 296 $\frac{2}{3}$; but in 1833-5 the latter was 1 in 15,711 $\frac{1}{3}$ and the former stood at one in 321 $\frac{3}{4}$.

"In London the mortality in 1792 was 20,213, smallpox taking 2,586; four years later came about the worse smallpox year of that century, 3,548 dying, the general mortality being but 19,289, the population being a little greater, also. Also, in London, in the forty years from 1841 to 1880, taking the three years when smallpox deaths were the lowest and comparing them with the three when they were the highest, though the latter had nine thousand more smallpox deaths, the average mortality remained unchanged. And on inspecting the London bill of mortality for the last seventy years of the last century we find that by taking the twelve years when the death rate from smallpox was highest, as many died of fevers as of smallpox, while in the twelve years when the death rate from smallpox was lowest three times as many died of fever as of smallpox.

"England's second severest epidemic of smallpox was in 1838, its deaths numbering 16,267, the total epidemic and exanthemata mortality being 27,691. In each of the next two years, while the death from smallpox were only about half as many as in 1839; the other totals are 38,258 for 1839, and 45,708 for 1840. The severest smallpox epidemic England ever knew was in 1871, after years of compulsory vaccination by law, 23,126 dying that year, and 19,094 the next year, and yet this wonderful sanitary thread runs through the official record of those years.

"It may be wise to look at these English figures in another way, as they are from official government tables and cannot be controverted by any living man. Since 1837 there have been several great smallpox epidemics in England, 15,286 dying in 1838 out of a general mortality of 342,760; smallpox gradually declined to the year of fewest deaths from it, 1842, when 2,715 died, but the general mortality was 349,419. In 1852 the smallpox deaths were 7,320, the general mortality being 407,135, the figures for the next year being 3,151 and 421,097. In the four years 1863-6 the smallpox deaths were 20,059, a yearly average of 5,794; the deaths for 1867 were 2,513, the general mortality for the latter period being 471,095, and the average for the other years 490,242. The

smallpox deaths in 1870 were 2,547, the general mortality being 525,329. Then came the greatest smallpox epidemic in the history of England (after 18 years of compulsory vaccination by act of Parliament), 23,062 dying of it in 1871, the general mortality being 514,979, or 450 less than the year before; in 1872 the figures were 19,032 and 492,265. The next year's smallpox deaths were only 2,303, but the general mortality was 250 greater than the year before, while in 1874 the figures were 2,085 and 492,520, and in 1875 actually 849 and 526,632.

MAKE YOUR PLANS ACCORDINGLY.

The annual meeting of the *Society of Homœopaths* will be held at "The Mathewson," Narragansett Pier, R. I., June, 23, 24, 25 and 26. The rates will be \$3.00 per day; two in a room, \$5.00 per day. "The Mathewson" has been much enlarged, almost rebuilt, and will be more attractive than ever. Four days have been selected for the meeting in order to avoid the constant work and hurry that usually attends such conventions; it will also give those present a chance to enjoy themselves and to become acquainted with one another. The meeting will be an excellent one. Many interesting papers are promised for the various Bureaus. Candidates for membership will be present and will read papers. A stenographer will be in attendance. The first session will be held at 2:30 p. m., Tuesday, June 23.

The *International Hahnemannian Association* meets at Glen Summit, Pa., June 24, 25 and 26. The Transportation Committee are trying to secure arrangements by which tickets may be sold with stop-off privileges at Detroit from the West and Glen Summit from the East, that members of the Institute and Association may enjoy the meetings both at Detroit and Glen Summit and members of the Institute from the East may stop at Glen Summit on their return home and thus be enabled to see by comparison the necessity for both organizations and at the same time learn the secret of the enthusiasm found among those who know the superiority of the principles of homœopathy over that of all else.

International Homœopathic Congress. Dr. Frank Kraft is in his element when he is planning the itinerary for a summer outing, either for himself or for any of his friends. The trip planned for the coming summer includes the meeting of the International Homœopathic Congress to be held in London, beginning with August 8. The scheme offers the most attractive plan for a summer outing, combined with the pleasure of meeting colleagues of the Homœopathic profession, that has been offered during the year. A happy-go-lucky, informal, undignified picnic of congenial spirits, during which time neither the dress or environment will necessitate the dignified appearance expected of the physician during the time when he is on duty. The itinerary includes railroad and steamship transportation from Buffalo along the St Lawrence to Montreal, by which the ocean voyage is reduced to five days, and the cost of the trip, which includes railway fare to point of sailing, ocean fare and railway fare from Liverpool to London and back to point of starting will range about \$100 from Chicago, to \$85 from Buffalo. Board and bed can be had abroad for \$1 a day and upwards. Arrangements are now pending for special hotel and furnished room rates in Liverpool, London and Paris for this party. Write to the Doctor, 57 Bell ave., Cleveland, O., for particulars.

The American Institute of Homeopathy. The Transportation Committee consist of Drs. Richard Kingsman, Washington, D. C., E. F. Storke, Denver, Colo., W. H. Hanchett, Omaha, Neb., A. E. Neumeister, Kansas City, Mo., and the Chairman, W. A. Dewey, 170 W. 54th St., New York, have completed arrangements with the different trunk line systems by means of which special cars can be arranged for, on all the through lines both from the east and from the west. A rate of fare and a third for the round trip has been granted by the various railway associations, and plans are being laid by which parties from the east may be carried by special cars to Niagara Falls, going from there by special over the Grand Trunk system to Detroit. From the west similar plans are being made, of starting excursions from Kansas City over the Chicago & Alton; Omaha and Minneapolis over the Northwestern, reaching Chicago in time to take a special train over the "Wabash." Particulars may be obtained by addressing that member of the committee nearest your home, and it is earnestly desired that such a concert of action may be met with as to make the meeting in Detroit thoroughly representative of the immense influence wielded by the homœopathic profession of America.

SUCH IS LIFE.

Dr. W. A. Barnes has removed from Cumberland, Md., and can now be found in Kittanning, Pa.

Dr. Carl A. Williams informs us that he has located in New London, Conn., 24 Washington St., and wishes his *ADVOCATE* sent there instead of Mystic, same state.

The friends of A. S. Eshbaugh, formerly of Lexington, Ill., will be glad to learn of his removal to a broader field of labor. He may now be found at 6414 Lexington Ave., Chicago.

Dr. A. T. Noe, of Kirksville, Mo., has permanently located in Bement, Ill.

Dr. Chas. Hitchcock has removed from 197 Fifteenth St., Buffalo, to Sodus, N. Y., where he goes to take the practice of Dr. Whittleton, a retiring homœopathic physician.

Dr. J. T. Kent, Dean of the Post Graduate School of Homœopathics and a contributor to the *HAHNEMANNIAN ADVOCATE*, has removed his office to 2009 Walnut St., where he will be pleased to welcome his friends.

All who wish may find Dr. Maro F. Underwood at 924 Geary St., instead of his former address, 28 Eighth St., San Francisco, Cal.

Dr. J. H. Bowers, a faithful friend of the *ADVOCATE*, has moved from Riceville, Iowa, to the very pretty town of Waseca, Minn.

Our Monthly Review.

THERAPEUTICS OF HEART FAILURE.—In the April number of the *North American Journal of Homœopathy* Dr. G. W. Shelton, Prof. of Materia Medica in the New York Homœopathic Medical College, says the severity of the conditions makes the physician instinctively look to vigorous means for meeting the serious conditions which confront him, forgetting that he has at hand in the similitum that which will accomplish the work in the safest, surest and most positive manner.

There are a few general rules that must be accepted in the onset, and which will aid us in our selection of remedies.

1st. Remedies homœopathic to heart failure are uniformly depressants; either by their action upon the heart itself or by their effect upon the vaso-motor nerves, through the nerve centers.

2d. All depressants present certain general symptoms: as, for example, an irregular, intermittent or weak pulse, faintness, prostration, palor, cold skin, cold extremities, cold sweat. The latter manifestations are the natural sequence of a reduced heart's force, and a consequent reduction in the amount of blood to the arterioles.

3rd. It is evident, therefore, that we must look for some symptoms peculiar to each drug, not manifested by others, by which we can make a selection.

4th. Every drug of value in heart failure has some peculiarity known as a characteristic.

5th. The selection of the remedy in this emergency, therefore, depends upon these characteristics.

Digitalis, *debility, faintness as if dying, vertigo, palor, sickly expression, thirst, unusually difficult micturition, with intense desire, or totally suppressed urine. Irregular respiration accompanied by frequent deep sighs, coldness of the skin and extremities. Pulse irregular, slow, thready, intermittent. Sudden sensation as if the heart stood still with great anxiety. Especially valuable after meningitis with effusions, post-scarletinal nephritis, pneumonia in old people, pulmonary edema, pericarditis.*

Secale cornutum, *restlessness, anxiety and apprehension with fear of death, pulse rapid, small, contracted; extremities pale and cold, in some cases wrinkled, resembling a part that has been immersed in hot water. The skin over the entire body is cold and covered with a cold, clammy sweat. A marked characteristic is a desire to throw off all the covering, even though the body may be icy cold. Of especial value in collapse following hemorrhages and gangrene.*

Kalmia latifolia, a slow pulse which steadily grows slower and slower. Especially indicated in cardiac disease of an organic nature, *insufficiency, hypertrophy, rheumatic endocarditis*, and attacks of great pain where the pain extends down the left arm (Lachesis).

Veratrum viride, pale face, at times bloated and livid, pupils dilated. A red dry streak down the center of the tongue. An irregular pulse, *gradually growing slower and slower, which becomes greatly excited, rapid or irritable if the patient sits up or in any way increases the working of the heart*, accompanied by nausea and vomiting.

Veratrum album, *great prostration, exceeding weak pulse*, which becomes excited upon the least exertion. Wrist pulse slow, weak and almost lost, coldness of the skin with chilliness, *great prostration, with unquenchable thirst, cold sweat, especially upon the forehead*. Difficult and audible respiration, uncontrollable anxiety. The gastric, mental and bodily conditions are of more value than the pulse.

Cactus grandiflora, *constrictive pains*. Heart feels as if grasped with an iron hand, rapid and short pulse, often violent, labored, hard breathing. Extreme anxiety and suffering, patient cannot lie down, frequent suffocative attacks, especially indicated in angina pectoris.

Carbo vegetabilis, *constant desire to be fanned, great abdominal distension*. Especially affinity for old people, low fevers with tendency to hemorrhages, especially nose bleed. *Fatty degeneration*.

Lachesis, *afraid to go to sleep on account of the distress on awakening. Intolerance of pressure about the breast and abdomen*, especially indicated in atheromatous conditions of the heart and blood vessels. Functional disorders at the menopause.

Spigella. *Great prostration, violent, irregular heart's action, visible through the clothing. Great dyspnea when attempting to lie on the back, associated with characteristic neuralgic pains beginning at one point and radiating in all directions*.

REVIEW OF MINERALS. Simple: *Calcarea*. Bone, muscles, consecutive tissue. *Ferrum*. Blood. *Kalis*. Blood and all protoplasm. *Magnesia*. Nerve and blood. *Natrum*. All tissues. *Phosphorus*. Bone. *Silica*. Cartilage, bone. *Sulphur*. Skin, protoplasm.

Compound. *Calcarea phosphorica*. Bone cells, muscle cells, nerve cells, brain cells. *Calcarea fluoric*. Bone cells. *Ferrum phosphoricum*. Hair, crystalline lens, nerve cells, muscle cells. *Kali muriaticum*. Muscle cells. *Magnesia muriatica*. Nerve cells, bone cells, muscle cells. *Natrum muriaticum*. All solids, all liquids, muscle cells, nerve cells, mucus. *Natrum phosphoricum*. *Natrum Sulphuricum*. Nerve cells, muscle cells. *Silica*. Connective tissue, cartilage.

Blood. *Ferrum*. Prevents oxydation. Decreases red blood cells. Causes profound anemia. *Mercurius*. Decreases red blood cells. Increases white blood cells. Coagulates albumen. Prevents digestion of fats. Prevents proper oxydation. *Kali*. Destroys coagulability. Causes loss of albumen. Causes loss of fibrin. Causes degeneration of red blood cells.

Brain and Nerves. *Argentum nitricum*. Softening, paralysis. *Cuprum*. Irritation, inflammation, paralysis. *Plumbum*. Irritation of spinal cord (colic, constipation); interstitial inflammation, degeneration of tissues. *Zincum*. Hyperæsthesia, paralysis, degeneration of cerebro-spinal. *Platinum*. Hyperæsthesia.

Glands. *Baryta*. Chronic inflammation. *Calcarea*. Chronic inflam-

mation, altered secretions. *Hepar*. Inflammation, suppuration. *Mercurius*. Altered secretions, inflammation, suppuration. *Sulphur*. Vitiated secretions.

Mucus Membranes. *Alumen*. Dryness, slight inflammation. *Argentum nitricum*. Inflammation, ulceration, increased secretions. *Mercurius*. Vitiated secretions, ulceration, inflammation. *Kalies*. Increased secretions, ulceration.

Skin. *Sulphur*, *Natrum muriaticum*, *Hepar sulphur*, *Antimonies*, *Arsenicum*, *Eczema*.

Bones and Cartilages. *Phosphorus*. Inflammation, necrosis. *Silicea*. Suppuration. *Calcareo*. Defective growth.

Lungs. *Phosphorus*. Inflammation, croupous infiltration, hæmorrhages. *Calcareo carbonica*, *Kali carbonicum*. Tubercular degeneration. *Stannum*. Non-tubercular degeneration.

Liver. *Phosphorus*. Inflammation, fatty degeneration. *Mercurius*. Altered secretions, inflammation. *Silicea*, *Hepar*. Suppuration.

Kidneys. *Mercurius corrosivus*. Tube casts, inflammation, degeneration. *Kalies*. Inflammation, degeneration. *Phosphorus*. Fatty degeneration, inflammation, hæmorrhage. *Plumbum*. Interstitial inflammation.

Sensations: Weakness. *Arsenicum*, *Ferrum*, *Stannum*, *Kalies*.

Paralysis. *Argentum nitricum*, *Cuprum*, *Mercurius*, *Zincum*, *Plumbum*.

Burning. *Arsenicum*, *Phosphorus*, *Argentum nitricum*, *Alumen*, *Causticum*, *Mercurius*, *Silica*, *Zincum*.

Tearing. *Natrum muriaticum*, *Mercurius*, *Silica*, *Zincum*, *Kalies*.

Cutting. *Kalies*, *Calcareo carbonicum*, *Mercurius*, *Zincum*.

Rawness. *Causticum*, *Argentum nitricum*, *Phosphorus*.

Jerking. *Platinum*, *Stannum*, *Causticum*, *Kali carbonicum*, *Silica*, *Natrum muriaticum*.

Soreness and Bruised. *Hepar sulphuris*, *Natrum muriaticum*, *Silica*, *Stannum*, *Mercurius*, *Platinum*.

Throbbing. *Calcareo carbonicum*, *Kali carbonicum*, *Alumen*, *Silica*.

Numbness. *Platinum*, *Plumbum*, *Zincum*.

Modalities: Aggravation from Cold. 1. *Kali carbonicum*, *Calcareo carbonicum*, *Arsenicum*, *Causticum*, *Hepar sulphuris*, *Ammonia carbonicum*, *Aurum*. 2. *Baryta carbonica*, *Magnesia carbonica*, *Silica*, *Mercurius*, *Graphites*.

Aggravation by Motion. 1. *Mercurius*, *Silica*, *Sulphur*.

2. *Natrum muriaticum*, *Natrum sulphuricum*, *Iodine*, *Arsenicum*, *Graphites*, *Hepar sulphuris*, *Causticum*, *Kali carbonicum*.

Aggravation at Night. *Arsenicum*, *Mercurius*, *Ferrum*, *Hepar sulphuris*, *Magnesia*, *Phosphorus*, *Plumbum*, *Silica*, *Sulphur*, *Tellurium*, *Zincum*.

Therapeutical Application: Headache. *Ferrum*, *Kalies*, *Natrum muriaticum*, *Phosphorus*, *Silica*, *Sulphur*, *Platinum*, *Plumbum*, *Argentum nitricum*, *Mercurius*.

Eye. *Argentum nitricum*, *Hepar sulphuris*, *Mercurius*, *Kalies*, *Zincum*, *Causticum*, *Sulphur*.

Ear. *Mercurius*, *Tellurium*, *Calcareo carbonicum*, *Silica*, *Graphites*, *Hepar sulphuris*, *Kali muriaticum*.

Throat. *Mercurius*, *Causticum*, *Kalies*, *Baryta*, *Calcareo*, *Argentum nitricum*.

Stomach. *Arsenicum*, *Phosphorus*, *Argentum nitricum*, *Calcareo carbonicum*, *Magnesia*.

Liver. *Mercurius*, *Hepar sulphuris*, *Phosphorus*, *Silica*, *Kali carbonicum*, *Magnesia muriatica*.

Kidneys. *Arsenicum*, *Mercurius corrosivus*, *Kalies*, *Phosphorus*, *Plumbum*.

Uterine and Ovarian. *Platinum*, *Arsenicum*, *Sulphur*, *Ferrum*, *Alumen*, *Phosphorus*, *Calcareo carbonica*, *Ammonium muriaticum*.

Lungs. *Calcareo carbonicum*,

Kali carbonicum, Phosphorus, Iodum, Antimonium tartaricum, Stannum, Sulphur, Silica. Skin. Arsenicum, Sulphur, Hepar sulphuris, Silica, Antimonium tartaricum, Mercurius. Mucus Membranes. Mercurius, Kalics, Alumen, Argentum nitricum. Brain and Nerves. Argentum nitricum, Alumen, Calcarea, Baryta, Zincum, Plumbum, Mercurius, Cuprum, Phosphorus. (Dr. Geo. Royal, N. A. J. of Hom. for April.

USTILAGO MAYDIS—a remedy for soft-shelled eggs.

A very interesting and at the same time profitable discussion running through the last four or five issues of the *Farm and Poultry* was brought out by an article by Dr. W. G. Pearson, of Newburyport, Mass., in which he relates the following experience: "In a coop containing some fowls I found a soft-shelled egg. It was a peculiar egg. The large end was covered with many small tubercles. I had always thought these tubercles were of lime formation and therefore a defect of the shell, but this egg served to dispel the illusion. My first thought was that the oyster shell box had been overlooked, but inspection showed it to be half full. Next, I tried to discover the hen, but she managed to lay several more soft-shelled eggs without being found out. Finally I gave up the idea of doctoring the hen, and instead, proceeded to doctor the drinking water. Two or three drops of Ustilago Maydis, sixtieth potency, was the first prescription. The next egg showed slight coating of lime. Two or three days after I found a thin shelled egg, which was followed by a soft-shelled egg. Medicine was repeated same as before, with similar good results, and similar relapse. A third dose cured, and the hen continued to lay from two to three eggs a week until she went broody in April. The eggs throughout the entire litter showed the same peculiarity of the large end covered with small tubercles."

Am I an Orificialist? Dr. T. L. MacDonald, of Washington, D. C., defines his position upon the question of belief in orificial philosophy in the March number of the *New England Medical Gazette*. A brief resume of his very explicit stated communication brings out the following points. He says: "If orificialism implies a belief in rectal and gynecic surgery as a part of our modern surgical scheme, and that associated phenomena may be reflex, then I am an orificialist. If it means that atrophy is as bad as hypertrophy and that there is such a thing as atrophy of the lower rectal inch and that it justifies removal; that it means that I am afraid to pinch a tissue with a ligature, and that a stitch which pinches it just as much is substituted; or that I believe in the removal of the rectal papillæ which are the normal rectal valves; that I would remove the lower inch of the bowel except when it is diseased; that I believe anal dilatation is the only procedure necessary in anæsthetic emergencies, or that I believe it flushes the capillaries, or that it exercises an invariable and profound influence upon respiration, or that I believe that the contractility of the sphincter is responsible for pathological nerve waste, then I must in all honesty state that I am not an orificialist."

In regard to the sphincteric nerve waste, the doctor insists that it occurs with such infrequency to be out of all proportion to the number of rectums operated upon for such lesions, and that almost invariably experience has demonstrated that it is quite amenable to internal treatment. Does stretching the anal sphincters flush the capillaries? Frequent dilatation of the sphincter both with

and without anæsthetic have never in my experience given the slightest evidence that the capillaries were flushed thereby. Further observation convinces him that generally any case of respiratory or circulatory failure under an anæsthetic, the vaso-motor system has thoroughly relaxed the circular muscular fibres, that the sphincter is practically toneless and consequently will not excite the spasmodic reaction so much desired.

In reference to the removal of the lower rectal inch the doctor announces that he has almost abandoned the so-called American Operation upon the following grounds, the involuntary movements of the sphincters interferes with the union and the constant upward strain of the bowel will cause the sutures to cut through mucous membrane in a large proportion of the cases and not only is primary healing impossible, but secondary as well. Many times the intrasphincteric area cannot be made to heal, and the best that can be expected after months and years of annoying and distressing moisture or leakage the denuded area becomes covered with a pseudo membrane which is very liable to be too excretive. When a total excision either Whitehead's or Pratt's operation is performed, not only the terminal fibres are removed, but the plexuses and their ganglia are obliterated; in this way the normal sensations are destroyed and functional activity is more or less impaired. The afferent transmissions being obliterated the efferent impulses or reciprocal muscular action does not follow therefore the frequency with which fecal incontinence occurs after excision, especially where diarrhoea or a loose condition of the bowels exists. It is seldom that a patient who has submitted to an American operation retains control of watery actions from the bowels; they seldom know from natural sensations that such stools are passing, though they may be cognizant of the passage of solid substances.

How to Administer Anæsthetics. 1. Make yourself acquainted with the pulse, the respiration and the pupil (contraction and dilation) of your patient before you give him any anæsthetic.

2. Give cautiously and sparingly a small dose of the anæsthetic with air, frequently taking off the mask, and watch the effect on pulse, respiration and pupil (don't touch the cornea with the finger); any signs of altered respiration and pulse or the sudden change of the pupil from contraction to dilation, or vice versa, indicates danger (threatened paralysis) on account of an idiosyncrasy of the patient, and the anæsthetic must be withdrawn; fainting is an ominous symptom too. If the pupil movements are normal, the respiration regular and the contraction of the heart continues with the same energy, the anæsthetic can be given without further danger.

3. When the pupil gradually contracts it is a sign that the anæsthetic sleep begins; at this state the patient can be awakened as in the physiological sleep by calling him. The stage of excitation passes off, the reflexes are absent and the operation may begin.

4. By further administering the anæsthetic, the contracted pupil gradually enlarges; now is the time to watch with the greatest attention, for here lies the great secret of correct and successful anæsthesia; and the movements of the pupils give the key to the whole situation. By carefully giving more of the anæsthetic, the pupils begin to enlarge, viz., the toxic influence of the anæsthetic reaches over to the sympathetic nerve; its irritation (extreme pupil dilation)

would soon be followed by its paralysis (extreme pupil contraction), and at the same time the medullar centres for heart and lungs would be affected. Therefore it is most important not to overdose the medulla; any sudden change of the pupil from extreme contraction to extreme dilatation or vice versa is a sign of great danger. The pupil must be kept in a middle condition between contraction and dilatation, and herein is security.

When the patient vomits the pupil dilates also; but if, immediately before the vomiting, the pupil was contracted, more anæsthetic may safely be given; it will stop the vomiting, for it is a reflex, showing that the patient is beginning to awake; but if the pupil was in a middle condition between contraction and dilatation just before the vomiting, it is a sign of irritation of the medulla, and giving more of the anæsthetic would have the worst results; let the vomiting go on and give no anæsthetics until the pupil stands again between contraction and dilatation. There is still a third possibility for the pupil to be widely dilated, viz., on account of the reflex irritation from the periphery, while operating in the peritoneal cavity, for instance.

5. The atypic sudden dilatation or contraction of the pupil from the first; further, the sudden failing of the strength of the pulse with increased frequency, and thirdly, the change of facial expression from anxious countenance to one of apathy and of depressed features, are signs of danger; the anæsthetic shows its toxic influence on the centres of the medulla and should be put away at once and fresh air admitted. Hence it is very important to look often at the face of the patient and watch its expression.—A. A. Rameyer, Ph. D., in the *Hahnemannian Monthly*.

Sub-Involution of the Puerperal Uterus. I regard potassium salts as a nutritive necessity to the regenerating post-partum uterus.

I regard potassium salts, used in dynamical preparation, as essential for the rectification of those trophic aberrations which constitute the early stage of sub-involution.

I regard potassium salts, in their action on a sub-involved uterus, as acting essentially in a manner similar to iron in anæmia or calcium or silica salts in rickets.

I regard the conjoint use of some remedy out of series I. as necessary where a potassium salt is given, for the necessity is two-fold—circulatory and nutritive.

I regard the use of aurum in the latter stages of sub involution as most valuable in the treatment of the main issues in sub-involution.

These views I have carefully worked out in practice and I now commend them to your favorable reception.—George Burford, M. D., in *Homoöpathic Journal of Obstetrics*.

The Kitson-Playfair Case. This famous case is the subject of discussion throughout the land. The trial is leading to a general debate of the duties and relations of physician and patient, says the London correspondent of the *New York Sun*. The sweeping public verdict has been that a physician has no right to disclose a professional secret except in the rare cases of its being necessary in order to prevent the commission of a crime. The verdict is not quite unanimous, Mr. Gladstone, an important exception, who is a warm personal friend of Dr. Playfair, writing him that he considers that "he did neither more nor less than his duty." One of the most important points under con-

sideration, is whether a doctor is justified in confiding his professional secrets to his wife. The question is certainly debatable, and there is some divergence of opinion manifested both within and without the profession. The justice who presided at the trial raised the question, but did not rule upon it. He described it, however, as a "nice question." The English law has decided that the communication of a slander or a libel by a man to his wife is not publication, the theory being that the man and his wife are one. But this is an old decision and it is impossible to say if it would stand in these days of new women. Several writers have drawn parallel between the duty of a doctor and a member of the legal profession. Suppose, for instance, that a personal friend of a lawyer consults him about a matter in which his (the client's) course has not been honorable. The lawyer may give his best professional advice and the affair settled without publicity. Is the lawyer entitled to tell the story to his wife and family in order that they may cease to associate with the individual concerned? Certainly not; but the lawyer, if he choose, may say to his client: "Now that this business is settled, our intercourse hereafter must be purely professional. I shall respect your confidence, but wish you to discontinue social relations with my family. If you are invited to my house, I expect you to decline the invitation." And why are not a doctor's duties and privileges the same?

Homœopathy in Obstetrics. The statistics of our hospitals and public institutions where the two schools are represented, show that our school is several per cent. in advance in the treatment of most diseases; and while I do not know that any records have been kept, or could today be obtained, as comparison in this branch, I do believe that, could such be shown up, we should find as flattering a balance in our favor as we find in the treatment of scarlet fever, for instance.

To homœopathy, I believe, is credited the belief and practice of pre-natal treatment. Who can doubt its efficacy? Surely no unprejudiced mind or one who has given the treatment a fair trial. A dose daily given to the expectant mother greatly mitigates, if not entirely relieves, her offspring of some latent dyscrasia. And I am convinced that the administration of our indicated remedies during the last month or two of pregnancy makes the patient much more comfortable during this period of treatment, as well as facilitates labor.

Then during the post-partum stage is where homœopathy shows many of her most brilliant records. None of your mercuric bichloride poisoning cases do we sign death certificates for. Pure, clean soap and water, a little calendula, listerine or carbolic acid, clean hands and clean homœopathy, and our record is success. Our works speak for themselves. Instead of morphine for after-pains, we would prescribe the indicated remedy. The chosen remedy instead of the tampon. Not that the tampon should be wholly discarded, but the remedy, in a large percentage of cases, will rob the tampon of its necessity.

And last, but not least, do we claim superiority in the treatment of the newborn babe. I consider it a well deserved compliment that we are considered better adapted to the treatment of babies and children than adults. If it don't require brains and skill to treat a little infant, then I say there is no deeper or more complicated study connected with medical science. It surely requires better judgment to know the meaning of every movement, every position, the expression of the face, than to diagnose the case of an adult, where the patient can talk and verify many of the points of the examination.—W. O. Clark, M. D., in the *Homœopathic Journal of Obstetrics*.

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CAUSTICUM AND PHOSPHORUS.*

F. E. GLADWIN, M. D., H. M.

Phosphorus lived on one street and Causticum lived on the next. They didn't intend to be neighbors but unfortunately each had selected the fourth house from the corner, therefore their back yards came together, being separated only by a fence and that one fence bore witness to many quarrels. No one could tell just how the family feud began, but there were always plenty of chances to renew the quarrel. The ball of the Causticums was always flying over into the Phosphorus' yard and the Phosphorus' marbles were always slipping under the fence to the Causticum side. If Mrs. Phosphorus' girl had the washing on the line Mrs. Causticum's girl would be sure to come out and clean the door mat. Mr. Phosphorus' black cat promenaded down the fence and bristled his tail and arched his back at Mr. Causticum's great black dog who barked in return from his kennel; and so the source of contention multiplied.

The Phosphorus' are dark haired, tall and slim; while the dark haired Causticums are more of a rigid fibre. The Causticums are restless, active, always moving about; as Mr. Phosphorus says, are always into some mischief; while, according to Mr. Causticum, the Phosphorus children are too stupid and lazy to be roguish, like his own merry little folks.

*Lecture delivered before the Philadelphia Post-Graduate School of Homœopathy, reported by George M. Cooper, M. D.

One day when the children were all in the yard at play, the unfortunate Causticum ball went over the fence and struck a little Phosphorus on the nose and mouth. Now the Phosphorus family are extremely hemorrhagic, they bleed from everywhere on the slightest provocation, and when the little Phosphorus caught the Causticum ball on the end of his nose he proved to be no exception to the general rule and thin bright red blood flowed freely from his nose and mouth and continued so long that Mrs. Phosphorus despaired of stopping it. When the little Causticum saw where his ball had gone he clambered over the fence to secure it but on his hasty return he stumbled and fell. It so happened that the Causticums were just as hemorrhagic as the Phosphorus', only their hemorrhages were venous while those of the Phosphorus' were arterial, and when little Causticum landed face down from his fall, dark blood immediately made its appearance from his nose. Mrs. Causticum did not have such a hard time as Mrs. Phosphorus in stopping the flow; but that wasn't the end of it; Mr. Phosphorus, who was always on the lookout for an insult, was sure this was an intended one and demanded that Mr. Causticum should see that the Causticum children threw no more balls at the Phosphorus children, who were playing peaceably in their own yard. Mr. Phosphorus in his office had planned a nice little speech in which he demanded an apology, but the moment he came into Mr. Causticum's presence he became so confused he forgot what he was going to say.

The oldest son of each family had been cramming for the promotion examinations at school and was suffering from brain fag, each had been ordered by his respective physician to leave school and remain in the open air as much as possible; the result was a continual back-door wrangle, and the only peace the neighborhood had was during stormy weather, when the Phosphorus' were compelled to stay in-doors. The Phosphorus' can always tell when a storm is approaching; it makes them feel sick and stiff. The Phosphorus', *Rhus* and *Rhododendron* families are considered the barometers of the neighborhood. The Causticums don't mind a storm, it sometimes gives them a little facial neuralgia but otherwise they feel better in damp weather; but they have to be careful of a draft of cold air for drafts of cold air have caused much woe in the Causticum family. One little fellow is partially paralyzed because he has been exposed

to a cold wind; another little fellow is lame from shortening of muscles and drawing of tendons under the knee, and one had been kept awake night after night by the drawing, tearing rheumatic pains which would not permit him to keep still. His friends, *Rhus* and *Pulsatilla*, expresses great sympathy for him, for they knew just what it was to have such severe rheumatic pains that they couldn't keep still, but the little *Causticum* thought that *Rhus* and *Pulsatilla* couldn't quite appreciate his rheumatism for their restless tossing about made them feel better; while he, although he couldn't keep still, obtained no relief from motion.

The *Phosphorus*' are sensitive to cold also, they take cold easily and their colds settle on the chest; they don't like it, for, being slim, narrow-chested people and subject to hemorrhages, they fear the result; and no wonder, for many of the family from way back have died of pneumonia or phthisis.

Mr. *Phosphorus*, who considers himself "as good as any doctor," usually treats the sickness of his family according to his own ideas. When the children begin to complain of rawness and burning in the larynx, trachea and chest, worse on coughing, speech is painful, soreness extending all over the chest and abdomen and they have a hard, dry, exhausting cough, during which they hold onto the chest, the cough is worse lying on the left side, worse in the evening, worse talking and laughing, worse in cold air and an involuntary stool with the cough, then he begins to dose them. Mr. *Causticum*, who also prides himself on being a pretty good doctor if he hasn't studied medicine, thinks *Phosphorus* must be exceedingly stupid or he would just give the children a drink of cold water to stop that cough. *Causticum* thinks there is nothing like cold water for a cough, if people only knew it; when his children had whooping cough, he had stopped some of their hardest paroxysms by giving them a drink of water. *Phosphorus* was frightened when his children had colds; he "wouldn't be fool enough to try water, anyone with any experience would know that water always makes the cough worse," so he dosed and dosed them until really they would have died if his neighbor *Arsenicum* had not come in and taken the cases in hand.

Mrs. *Phosphorus* had been an exquisite singer, but had taken a cold which had caused inflammation of the vocal cords and hoarseness resulted; there was rattling with the hoarseness, all

of which was better from clearing the mucus from the throat. Phosphorus succeeded in reducing the inflammation but a hoarseness caused by paralysis remained which Phosphorus couldn't relieve. Now Causticum was real good in hoarseness caused by paralysis of the vocal cords and could have cured her; but he wouldn't touch a case that Phosphorus had failed in until after some one else had taken the case and invited him to do so.

Phosphorus thinks it is no wonder that Causticum is good in paralysis, he has so much of it in his own family. After Mrs. Causticum was confined she had no symptoms at all with the exception of inability to urinate from paralysis of the bladder. The Causticum children are constipated from paralysis of the rectum, one of the children has paralysis of the bladder and difficulty in urinating because he was obliged to retain his urine until school was out one day; one of the children has numbness of one leg and paralysis of the other; one poor little fellow starved to death because the œsophagus was paralyzed; while another died of paralysis of the brain. Causticum says that although Phosphorus may not have so much paralysis in his family as he has, still he has enough to give him plenty of experience if he only had sense enough to profit by it. The fingers of Phosphorus' children are so paralyzed that he can not feed himself, and another child has spinal paralysis.

It was strange how much the children of Causticum and Phosphorus resemble each other. Each had a child detained from school by brain fag; Causticum had a child which had paralysis of the rectum and bladder; while Phosphorus had a child with paralysis of sphincters; Causticum one with paralysis of arm, Phosphorus one with paralysis of finger; each had one with paralyzed vocal cords, and each one that was lame from shortened tendons under the knee. All had good appetites usually; the Phosphorus children desired cold food and drink; ice cream, refreshing, spicy things. The Causticum children like smoked meat, beer, cold drinks, pungent things; both dislike fresh meat or sweet things. When hungry the Phosphorus children feel faint, with nausea and anxiety about the heart, better from eating. When the Causticum children get so extremely hungry they have a headache until they get something to eat.

One day there was a great uproar in the back yard and when Mr. Causticum ran out to see what was the matter he found his little girl on the ground in convulsions. The Phosphorus cat

had had a misunderstanding with the Causticum dog and frightened the child; after that day she was subject to convulsions coming on at night with a scream during sleep; there were violent movements of the limbs, gnashing of teeth, fever heat with coldness of hands and feet. After that day chorea also developed. Mr. Causticum wanted to kill the Phosphorus cat but Mr. Phosphorus insisted that if it hadn't been for Mr. Causticum's dog there would have been no trouble. Mrs. Phosphorus was a sensitive, hysterical woman and when she heard the life of her pet cat threatened she fainted, and recovered only to go into hysterical convulsions, after which she was completely prostrated. Mr. Phosphorus thought he had enough trouble in his weak condition without having troublesome neighbors to deal with; by this time the cold air had set him to coughing and he had to return to the house. When Mrs. Causticum saw her child in convulsions she almost fainted; she had the awful deadly sinking feeling like fainting but did not lose consciousness; she soon had complete control of herself, however, for the sake of her child.

One of the Causticum children had diphtheria; the doctor probably didn't give him the right remedy for it left him with post-diphtheretic paralysis and complete loss of voice; Causticum took the case in hand and cured the child himself. In spite of precaution the contagion went over the fence to the Phosphorus mansion and one of the little Phosphorus' came down with it; he didn't fare so well as the little Causticum; the adynamic character of the disease showed itself early, there was rapid prostration and threatened paralysis of the heart, but Phosphorus managed to pull him through all right if he didn't know so much about paralysis as Causticum did.

Phosphorus has a weak stomach; he vomits everything soon after swallowing it; ice water remains down until it becomes warm and then it is thrown off; he has a weak, empty feeling about 11 a. m., with pain in the stomach and pain in the back opposite the stomach, made better by eating. The pains in the stomach are better by eating cold food, ice cream, ice, etc. Causticum is disgusted with any one who will not refrain from ice water and ice cream when they are suffering from dyspepsia. Ice water causes so much pain. Causticum has to be very careful of what he eats; bread causes pressure, fresh meat causes nausea and water brash, coffee and acids seem to aggravate his

symptoms; he has great burning in the stomach, severe pain and cramps, the pit of the stomach is sore to touch. Phosphorus also has great burning in the stomach; he drinks cold water, seems as though he couldn't get enough but he throws it up again as soon as it becomes warm. Phosphorus has the cramps in his stomach also and severe cutting pains; cannot tolerate the least pressure; both have sour vomiting and both vomit blood.

When Phosphorus goes along the street Causticum watches him stumble and stagger and diagnoses the case progressive locomotor ataxia and is thankful that it is Phosphorus instead of himself who has the disease; he doesn't know that his own disturbances of vision, his inability to always put his hands and feet in just the place he wishes, is but the beginning of the same trouble.

Causticum has much burning; it is almost everywhere; and as though they didn't have burning enough on the inside the little Causticums are always burning their fingers.

Phosphorus has great burning from his mouth down to his stomach, but he don't let the Causticums know, and when he sees their burnt fingers he says they will be well prepared for what may come in the future.

Mrs. Causticum wonders how Mrs. Phosphorus can be so foolish as to use cold applications to the head during headache when warmth makes the head feel so much better; and Mrs. Phosphorus wonders how it is that Mrs. Causticum is so prejudiced against cold applications and insists upon warmth when she has the headache.

And so the warfare goes on and so I suspect it will continue as long as a single Causticum and Phosphorus are left in this world with breath enough to continue it.

ANALYTIC STUDY OF GELSEMIUM.

EDWARD FORNIAS, M. D., PHILADELPHIA.

1. NERVOUS CENTRES.—The normal balance of the heat regulating mechanism seems to be notably disordered by this drug, probably by a direct or reflex influence upon the nervous centres; or from changes in the state of the blood and circulation supplying these centres, for its *fever is sub-continued, usually continued, of a low type, and with clear evidences of blood contamination* (irritability and depression), such as vertigo, stag-

gering, drowsiness, stupor, delirium, restlessness, wakefulness, trembling, tendency to convulsions, general aching, exhaustion, and loss of muscular power. In its evolution the *fever* exhibits protracted hyperthermia, slight morning remission, or regular periodicity, every day at the same hour (*Aran., Ced.*).

NERVOUS SYSTEM.

2. DISORDERS OF SENSATION AND MOTION.—The febrile movement is ushered in by chilliness and creeping chills along the spine, from below upwards, following each other in rapid succession, or proceeds without a chill, but the motor symptoms of shivering, shaking and chattering of teeth are not characteristic. A marked sensation of coldness is notable at the feet, which feel as if placed in ice water, and the head and face are hot. The fever-heat is intense and long lasting, and in periodical paroxysms protracted far into the night. In such cases, a flying heat may occur directly after the chill, attended by pricking in the skin, and rapidly followed by sweat, which at times is profuse, protracted, and relieves any existing pain. In children there is a sensation of falling; the little patient starts and grasps attendant or crib, and screams out from fear of falling. Jactitation of the muscles or jerking of the limbs may accompany the periodical fever, and there is a tendency of a remittent attack to become intermittent, or vice versa. Other important sensory phenomena are: tingling, pricking, crawling, bruised feeling all over, dull aching in the back and joints, deep-seated muscular pains in the limbs, shooting, tearing along the track of the nerves, and a sense of fatigue, with desire to avoid all muscular exertion. The *headache* is characteristic, the pain commences in the cervical portion of the spine, and then extends over the head, causing a bursting pain in the forehead and eye-balls. A common motor disorder, attending and following the fever of *Gelsemium*, is the loss of voluntary motion, a languor in which the muscles refuse to obey the will; and no less frequent is the heaviness of the eyelids, which in spite of all efforts cannot be kept open.

3. MIND.—The mental faculties become dull, and there is inability to attend to anything requiring thought or fixed attention. Any mental exertion is followed by a sense of helplessness, as if from brain exhaustion. The patient is giddy, confused, and staggers, as if intoxicated, on attempting to move; or he may be

irritable and impatient; or desire to be let alone. Depression of spirits, solicitude about the present, fear of death, mirthfulness, and cataleptic immobility, with consciousness, are found recorded among the pathogenetic symptoms of this drug.

4. BRAIN.—Hyperæmia of the brain, of a passive character, with dull frontal or vertical headache, feeling of heat and expansion of the head, vertigo, dim sight, flushing of the face, throbbing of carotids, roaring in the ears, sensitiveness to strong light and noise, incapacity and disinclination for mental work, confusion of ideas, emotional excitability, restlessness, wakefulness, or disturbed sleep; >by quietly resting the head on a high pillow. Or the patient becomes giddy and falls in a condition of partial insensibility (apoplectic), which is followed by incomplete paralysis of the limbs, the muscles refusing to do their work. Or in mechanical congestion, with dull headache, heavy eyelids, thick speech, drowsiness, tendency to stupor, etc. In children convulsions may take place. Cerebral congestion, attended by a dull feeling in forehead and vertex, and fullness in the region of the medulla before spasms. The brain feels as if bruised, and the eyeballs feels sore when moving them. Double vision.

5. INDIVIDUAL CRANIAL NERVES.—In the *motores oculi* the common disturbances are: diplopia, strabismus, ptosis, and mydriasis. In the area of distribution of the fifth pair, orbital neuralgia in distinct paroxysms, with contraction and twitchings of the muscles of the affected side, and purely sympathetic odontalgia, from exposure, or fatigue, extending to the temple, without any morbid alteration of tooth-structure. In the nerves of special senses, sensitiveness to strong light and noise, transient loss of hearing, tinnitus aurium, muscular asthenopia, congestive amaurosis, and amblyopia, with floating spots before the eyes.

6. SPINAL CORD.—Congestion of the spine, with acute or dull aching in the lumbal and sacral region, attended by prostration, languor, heaviness and loss of power in the extremities, and sometimes by fleeting paraplegia.

7. AREA OF DISTRIBUTION OF THE SPINAL NERVES.—The most important sensory disturbances are: tingling, pricking, crawling, numbness, lack of sensibility in the extremities, coldness of the feet and legs, neuralgic pains of a shooting, tearing character along the tracks of the nerves, with or without aggravation by

changes of weather, and deep-seated dull aching in the limbs and joints, with loss of motion.

8. VOLUNTARY MUSCLES.—Trembling of the limbs. Jactitation of the muscles. Convulsion from reflex irritation. Tetanic spasms. Gradual loss of muscular control, with staggering gait. Locomotor ataxia. Paralysis of various kinds. Paralysis of motion; the muscles do not obey the will, and feel bruised. In such cases of general prostration and loss of muscular power, there is always fear of making any effort, and the patient desires to be let alone and rest.

9. INVOLUNTARY MUSCLES.—Incontinence of urine, from paralysis of the sphincter; ptosis, from paralysis of the third cranial nerve; dilation of the iris. Spasms of the glottis, cystospasmus, spasmodic retention of urine, rigid os, etc.

VASCULAR SYSTEM.

10. CIRCULATION.—The blood seems to be altered in its quality, but the vascular excitement and attending erethism, are not marked as under *Aconite*. The symptoms of irritation and depression, developed during the continued hyperthermia, allow us to infer changes in the blood, for the systemic condition is then quite similar to that observed in acute specific fevers, where the disorder of the heat regulating mechanism is thought to be due to the absorption into the blood of a pyrogenic agent, or some necessary companion of the same. The circulation is usually sluggish, and gives rise to both arterial and venous congestion, especially of the brain. And again, the blood-flow in a long continued fever, such as is produced by *Gelsemium*, must necessarily disturb the respiratory functions, the heart's action, and the blood pressure, and these disturbances may perhaps explain the following symptoms of this drug: Slow, heavy and laborious breathing. Irregular beating of the heart. Palpitation. Feeling as though the heart would stop beating, if not constantly on the move. After fever has been present for some time, the heart's muscle grows weaker and the pulse also gets feeble, sometimes almost imperceptible. When the circulation is sluggish, the pulse is slow and full, the hands and feet cold.

DIGESTIVE CANAL.

11. DIGESTIVE ORGANS.—The symptoms deserving our consideration are: Partial paralysis of the *tongue* and *glottis*, with thick speech, as if drunk, from congestion of the base of the

brain; can hardly put the tongue out, it trembles so; yellowish white coating of the tongue. The *throat* emits a fetid odor and shows evidences of irritation and congestion; swallowing is difficult and causes shooting in the ears; thirst is absent or slight. In the *stomach*, there is a feeling of emptiness and weakness, which extends into bowels; or of oppression and fullness, made worse by pressure of the clothing. In the *liver*, passive congestion, with vertigo, dim sight, nausea, and fullness of the head. In the *abdomen*, sudden spasmodic pain in the epigastrium, leaving a sensation of constriction; severe gripings in the lower bowels, relieved by a copious bilious evacuation, after a large natural stool; gnawing pain in the transverse colon, and sensation of soreness in the abdominal walls. If the *bowels* are relaxed, the stools are yellow, fecal, bilious, color of green tea, or clay-colored.

URINARY ORGANS.

12. KIDNEY AND BLADDER.—Copious discharge of clear, limpid urine, relieving headache, especially of nervous, hysterical woman. Dysuria and spasmodic retention of urine. Incontinence from paralysis of the sphincter, in nervous children. Paralysis of the bladder in old people. Involuntary micturition from exciting emotions. Tenesmus of the bladder.

SEXUAL ORGANS.

13. MALE GENITALS.—The genital organs are weak and irritable, or relaxed and cold. When relaxed and cold, the attending symptoms are: Great languor, depression of spirits, and sometimes dragging pain in the testicle. In neurasthenic subjects, the emissions are involuntary, without erections, and also during stool, or nocturnal, with sexual dreams, followed the next day by irritability, great muscular weakness, and pain in the base of the brain. Spermatorrhœa. Sexual neurasthenia. Acute gonorrhœa, with dull backache, and relaxed and debilitated conditions of the system.

14. FEMALE GENITALS.—The rigidity of the os, during labor, is a leading indication of *Gelsemium*. During pregnancy, the symptoms calling for this drug are: Cramps in the stomach and legs, diplopia, headache, dull aching across the sacral region, progressive loss of muscular power, drowsiness, vertigo, tendency to convulsions, etc. And in its pathogenesis we find recorded the following: Severe, sharp, labor-like pains in the uterine re-

gion, extending to back and hips; uterus as if compressed by the hand; labor delayed by rigid os, or when the pains go from before backward, the uterus seems to go upward; pains leave the womb and fly all over; false labor-pains with rigid os; sensation like a wave from uterus to throat, ending with a choking feeling, which seems to interfere with the progress of labor, etc. White leucorrhœa, with dull aching across the sacral region, and coldness of the feet. Sexual neurasthenia.

MUCOUS MEMBRANES.

15. IRRITATION, CONGESTION AND INFLAMMATION.—Catarrhal inflammation of the air-passages, with creeping chills, muscular aching, watery discharges, and a relaxed, debilitated condition of the system, with or without fever. Abnormal sensations always varying with location.

OCULAR LOCALIZATION.—Inflammation of the iris, retina and choroid, attended by aching pain in the orbits and great soreness of the eyeball to touch, >from hot application. Increased tension and soreness of the eyeball. Dryness and soreness of the eyes, with photophobia and lachrymation. Fullness and congestion of the lids. Paroxysmal orbital pain, with contractions and twitchings of the muscles on the affected side.

NASAL LOCALIZATION.—Catarrhal irritation of the Schneiderian membrane, with tingling and paroxysmal sneezing. Congestive fullness at the root of the nose, with dull headache. Catarrhal nasitis, with soreness of the eyes and watery excoriating discharge. (*Ars.*). Edges of the nostrils red and sore. Right nostril stopped up. Nasal voice. In some cases there is a feeling from throat up into the nostrils, like a stream of scalding water.

FAUCIAL AND LARYNGEAL LOCALIZATION.—The fauces are dry, irritated, burning, sore. The tonsils are inflamed and swollen; the throat feels as if filled up, and swallowing causes shooting in the ears. There is more or less dysphagia, and the organs of deglutition may be paralysed. The dry, rough throat may be attended with paroxysms of hoarseness, and distressing cough, which is excited either by tickling or the roughness of the parts. If the catarrh invades the bronchi, the breathing becomes labored, the chest raw and sore, the cough hoarse or croupy, and even the lungs may become congested and inflamed. Throat deafness, with pain extending from the pharynx into the middle ear. Spasm or paralysis of the glottis.

THE CONCEPT OF DRUG-ACTION.

M. W. VANDENBURG, A. M., M. D., FT. EDWARD, N. Y.

A concept is a general notion, or a mental composite photograph.

A concept of the action of a given drug may be composed of several other concepts. If this statement seems too general and too vague, it is only because the relations of a polycryst to diseased states, have not been fully apprehended by careful and prolonged study. One polycryst thoroughly mastered from a study of all its provings, provided they have been numerous enough, will give the above definitions lucidity and vitality.

Aconite may attack the central nervous system, the organs of the thorax, or the abdomen, or the general muscular tissues. (See Cyclop. Drug Path., part I).

It may spend most of its energy upon the nervous system with only slight effects upon the chest and circulation, or upon the digestive tract. Or the respiratory tract may be the chief point of attack and the other manifestations, if present, be subsidiary. The same is true of the digestive tract. What is true of aconite, is true in its own particular sphere of every other polycryst.

There is a concept of aconite chest symptoms together with the attendant symptoms in other regions. In a similar way there is a concept of aconite indigestion and enteritis, of aconite muscular pains, soreness and neuralgias. It so happens, that when one system bears the brunt of the attack, the effects on other systems are greatly modified.

To form a concept of aconite as having equally severe action upon all the physiological systems at the same time, would be wholly at variance with facts shown in the provings.

To form a concept of aconite as capable of manifestations now here, now there, but always with general characteristics present, would be much nearer the truth. But to form a concept that shall be in accordance with the facts demonstrated in the provings, one must be able to compare the chest provings with each other, the abdominal cases with each other, and so on, to the end of aconite sphere of action.

To do this, the different physiological systems must be exhibited as a unity, while at the same time the individuality of the prover is maintained. Without individuality of the prover shown in the record of the provings, how can the consultant

form a clear concept? It is the *comparison* that makes the concept; where there is no individuality there can be no comparison.

It must be evident by this time, that no *materia medica* meets these requirements. It is hardly sufficient that one should take these concepts second hand. They must at present be studied by the individual student, and he must form his own concept of the action of the drug.

The study of *materia medica* has been so desultory, disconnected and unsystematic, that few have ever approached the scientific conception of the action of a polycryst.

In the case of a drug of limited proving, and narrow sphere of action, it is easy to form a concept. But, in the words of Hahnemann, a drug must be thoroughly proven in all its effects upon the healthy system before it becomes a perfect instrument in curing disease.

To base a concept upon imperfect and meagre provings is to form a most unreliable estimate of the action of the drug. This is exactly opposite to the aim of scientific healing according to the law of similars.

The microscope is only suitable to demonstrate the most concrete of matter. When the third potency of gold cures it is because some portions of it are finer.—*Kent*.

The remedy has actually led up to a change. Don't reason that if you had given a certain remedy in the beginning you could have cured your patient. These masked symptoms come out as a result of the remedy.—*Kent*.

Positive principles should govern every physician when he goes to the bedside of the sick. The sick have a right to this if it can be had.—*Kent*.

What is man? Is he a body? If so we are justified in thinking of his parts, his liver, and lungs, and skin, and extremities, and his body as a whole. But we are to consider man as from the life to the body.—*Kent*.

Publisher's Department.

THE GENUS EPIDEMICUS.*

SAMUEL L. EATON, M. D., NEWTON HIGHLANDS, MASS.

This is one of those phrases, the meaning of which can be understood more easily than it can be rendered into idiomatic English. Perhaps the "prevailing character of maladies" expresses the idea of the Latin words as faithfully as can be done by a brief translation. The phrase occurs but rarely in medical literature, and among those who use it there appears no unanimity as to spelling or significance. In two articles written some twenty years ago, I find incidental reference made to the *Genius Epidemicus*; but conclude these must be merely typographical errors. The use of the word *Genius* in this connection is not appropriate, and was probably inadvertently substituted for *Genus*. The differences of spelling, which would really make a different word, may thus be dismissed as unimportant. There remain the diversities of signification, which are more serious.

In an able paper by Dr. Carroll Dunham on the use of High Potencies, he refers at length to the celebrated Vienna experiment, where cases of pneumonia were treated in the Leopoldstadt hospital for three years with the thirtieth decimal potency, for three years more by the sixth, and for four years more by the fifteenth decimal potency. The result of these experiments, which were conducted with the greatest care, indicated a distinct superiority for the higher potencies, although the altitude to which they went does not seem very high to the homœopathist of the present day. Dr. Dunham remarks: "In order to avoid a fallacy in drawing conclusions from this comparison, it was necessary, first, to enquire whether the Genus Epidemicus was the same for these three periods, or, if not the same, how great an influence, and in favor of which period, did the difference exert." It would appear from this quotation that he uses the term to express a greater or less severity of any given disease during two or more contrasted periods. Such a narrow and

*Read before the Bœnnighausen Club of Boston.

restricted use of the term does not suit the purpose of this discussion.

The term *Genus Epidemicus* may be applied to phenomena often observed in a season where one is called upon to treat many cases of the same disease. For instance, in one epidemic of typhoid fever the cerebral symptoms may predominate, and by their number and intensity call for remedies quite different from those which may be indicated next year, when abdominal symptoms are more in evidence. The more cases the physician is called upon to treat in any given epidemic, the more his attention becomes fastened upon the remedies which are most frequently indicated; and, after carefully studying these remedies in the *materia medica*, the appearance of their names in his repertory, while searching for a remedy in any particular case, seems as luminous as does a well-known name on a street corner when one has been wandering through a maze of unfamiliar roads. Thus the physician's prescriptions gain in accuracy with each new case of the epidemic which he is experiencing. Hahnemann says: "It may easily happen that in the first case of an epidemic disease that presents itself to the physician's notice he does not at once obtain a knowledge of its complete picture, as it is only by a close observation of several cases of every such collective disease that he can become conversant with the totality of its signs and symptoms. The carefully observing physician can, however, from the examination of even the first and second patients, often arrive so nearly at a knowledge of the true state as to have in his mind a characteristic portrait of it, and even to succeed in finding a suitable homœopathically adapted remedy for it." Hahnemann does not limit this principle to epidemics of acute diseases, but applies it to chronic maladies, especially to those dependent upon a psoric miasm, and remarks that "the whole array of the symptoms belonging to such a miasmatic, chronic disease, and especially to the psora, can only be ascertained from the observation of very many single patients affected with such a chronic disease; and without a complete survey and collective picture of these symptoms the medicines capable of curing the whole malady homœopathically (to-wit, the antipsorics) cannot be discovered; and these medicines are, at the same time, the true remedies of the several patients suffering from such chronic affections."

Having thus mentioned two applications of the term under

discussion, I would now call attention to a third. The observation of the similarity of remedies indicated in different cases of an epidemic of any given disease is interesting and valuable; but it is of more importance to observe the similarity existing between the indications for remedies in cases of different diseases occurring during any given season. Thus a remedy which is found frequently indicated in cases of pneumonia may quite likely be required in cases of typhoid fever, or of meningitis, or of influenza, or even of gastritis occurring at the same time. A recognition of this fact leads one a long way toward a true insight into the art of prescribing homœopathically, and away from the deadly routine of prescribing for the name of the disease. It suggests the phrase "diagnosis of the remedy," in contradistinction to diagnosis of the disease.

In section 153 of the *Organon*, which is as well known by number to all homœopathists as is the 47th proposition in Euclid to the mathematician, this doctrine is suggested, although not specifically mentioned; for it is these "striking, singular, uncommon, and peculiar symptoms," most valuable in selecting a remedy, which occur in different cases bearing the label of different diseases. Bearing in mind that those symptoms are of most value in the selection of the remedy which are least taken into account when diagnosing the disease, we shall often find the significant symptoms of one case bear a striking resemblance to those of other cases occurring in the same season, and the application of the same remedies in widely dissimilar diseases will become a matter of daily occurrence, and be wondered at only by the unlearned and simple.

Some five years ago, I had the pleasure of meeting a well known Boston physician by the bedside of a patient who was suffering from an attack of la grippe and progressing toward recovery too slowly to satisfy the patient or her attendant. The result of the consultation was a prescription of *Sulphur*^{cm} which lifted my patient out of the ruts and carried her to a speedy recovery. Of course I was led to study *Sulphur* more thoroughly than ever before; and, *ex uno disce omnia*, the number of cases which required that remedy during the remainder of the winter was surprising, and led me to fear that I was becoming a sad routinist. Since reflecting upon the topic of this paper I have felt better about that winter's work. It has only recently come to my knowledge that during that season *Sulphur* was the

epidemic remedy in New York also. A physician of that city, eminent for his knowledge of the materia medica, but much criticized for renouncing the high potencies, took down the symptoms of a large number of his cases, and, working them out with Boëninghausen's Pocket Book, found that *Sulphur* covered the majority of symptoms. Throughout the epidemic he gave *Sulphur* to all cases of la grippe, unless some other remedy was strongly indicated, with results which were satisfactory, and even striking.

Now these instances suggest an inference which I will point out, even at the risk of going outside the scope of my theme. Here was an epidemic which was wide-spread, furnishing many cases, and a good opportunity for a general induction. Both in Boston and New York the epidemic remedy was *Sulphur*, which made satisfactory cures. In the former locality the cases which came under my observation were treated with high potencies; in the latter, the cases of the physician mentioned were presumably treated with the sixth or lower. In both the results were very good. Do not these examples, when placed alongside of each other, imply a greater similarity between the action of the high and low potencies than we are willing usually to admit? Is it wise to make the line of cleavage in our school between those who prefer the high and those who prefer the low potencies; instead of between those who take the pathology, and those who take the symptoms as a basis for the prescription? Doubtless the high potencies are quicker, deeper, stronger and more lasting in their action, when employed by an artist in therapeutics. It is true also that a well-bred roadster is more valuable to a physician than a strong-limbed cart-horse. Yet there are many points in common between the two; and the latter may be even the more valuable in some cases. It often happens that a remedy, like *Gelsemium*, for instance, will be introduced to the profession by provings made with the crude drug; and the unthinking will say: "You may use the old polychrests in the high potencies; but here is a remedy which must be used in appreciable doses." However, as soon as we can procure a high potency of the remedy we use it with results undreamed of by those who cling to the tincture. It is probable that high potencies are prescribed every day on indications derived from provings with the crude drug. Admitting the difference in degree, I ask what is the difference in kind?

A true understanding of the principle of the Genus Epidemicus clears up some things which are otherwise inscrutable. That a great master in our art should recommend three remedies in a certain fixed succession for the treatment of croup, and that another master should refer approvingly to them as Bœnninghausen's "croup powders," is shocking to our sense of the breadth of homœopathy and our reverence for its earliest exponents. But, understanding how he was partially deceived by an epidemic presenting many cases of close similarity, we can admire the accuracy of the prescription and forgive the prescriber for stopping a little short of the broadest induction.

Medical literature gives several striking instances of the truth of the doctrine under discussion. A foot-note in the *Chronic Diseases* mentions that, in the typhus fever of 1813, *Bryonia* and *Rhus* were the specific remedies for all patients. Our commentator on the *Aphorisms of Hippocrates*, when speaking of the epidemic influences of 1860, says that most illnesses, both acute and chronic, indicated and were cured by *Lachesis* or *Apis Mellifica*. He goes on to observe that these drugs gave the best and most lasting results even when other remedies seemed more suitable. These instances were undoubtedly exceptional, although we can all match them with examples differing only in degree.

Some of the incompatibilities between the two leading schools of medicine may be fused when placed in the alembic of the Genus Epidemicus. The allopath finds *Baptisia* a valuable remedy in typhoid fever, and announces the important discovery. A year or two later he finds it useless, and the remedy is quietly abandoned to make room for a new favorite. It would be interesting to know what explanation the thoughtful allopath cherishes when he contemplates the lengthening array of broken idols. We find a simple and satisfactory explanation in the Genus Epidemicus. The homœopath is neither surprised nor mortified when he finds the much-used vial of last year, now covered with dust. Serene in the confidence that every diseased condition has its remedy, and every remedy has its uses, he finds none more valuable than others, but each ready for its appointed work.

During the past year the world has been troubled with disputes about the so-called antitoxine, as a remedy for diphtheria. Never were there greater diversities of opinion expressed. Unimpeachable witnesses have testified to a marked diminution of

the death-rate in some quarters; in other and more numerous places equally unimpeachable witnesses have declared that antitoxine is useless and worse than useless. So the battle has raged, with the advantage rather in favor of those who condemn the new method. Now it is plain that this animal serum is a remedy of some sort, adapted to the cure of something. Every thing in nature is a remedy, and may be used as such after it has been proven. Prove antitoxine, and the world will know just what its limitations are. It is probable that it has succeeded in some quarters, notwithstanding the crudeness of its administration, because it happened to fit the atmospheric or telluric influences which prevailed there; and its failure elsewhere can be explained on the same lines. In fact the whole dispute can be explained and dismissed in two words—*Genus Epidemicus*.

These words will explain another point of diversity between the two schools of medicine. Of making many books there is no end; and it is a curious fact that when we buy allopathic books we want the very latest; but we seek the oldest books in homœopathic literature. The former frequently give evidence of much learning and research; but they are perishable commodities and soon cease to be in touch with the needs of the day. The latter are like rare wines which continually appreciate with a value which is accentuated by the increasing bulk of succeeding vintages. The reason of this difference in estimation has been sufficiently indicated.

It has been said that the acceptance of the doctrine of the *Genus Epidemicus* leads to idleness and habits of routine. Perhaps Hahnemann had the same danger in mind when he remarked: "The true physician will take care to avoid making favorite remedies of medicines, the employment of which he has, by chance, perhaps found often useful, and which he has had opportunities of using with good effect. If he do so, some remedies of rarer use, which would have been more homœopathically suitable, will often be neglected."

The danger of contracting habits of superficial work through a reliance upon the epidemic remedy is more apparent than real. In the first place, no one can discover the epidemic remedy without the observation of a large number of cases, and a comparative study of their symptoms. If the physician have a large number of cases under his care he is entitled to whatever aid he can obtain by noting the points of similarity which exist.

Twenty-four hours will be too short a day in which to affiliate remedies to diseased conditions unless one take note of the similarity of striking and peculiar symptoms occurring in different individuals, and make legitimate use of the inferences to be derived from these recurring phenomena. The navigator who determines his position at sea with the aid of nautical tables is using a device which saves time and labor; and it is no impeachment of his mathematical abilities to admit that he makes his calculations without first working out, in every case, the logarithms on which their accuracy depends. Furthermore, the physician who places undue reliance upon the epidemic remedy will soon discover his error. Perhaps malarial districts present the most obvious illustrations of the Genus Epidemicus. Suppose, for instance, an epidemic of intermittent fever in which *Eupatorium perfoliatum* is the remedy most frequently indicated. A majority of the cases will call for that remedy, and many will be cured by it. There are a large fraction of these cases, however, which refuse to respond. *Eupatorium* is beautifully indicated, but the paroxysms of chill and fever recur without interruption. These are cases which tax the physician's skill. In all probability there is some deep-seated obstacle which needs a dose of an antipsoric remedy, before the more superficially indicated remedy can be made efficient. In the discovery of this antipsoric, which is to clear the way, the physician will have ample opportunity for the exercise of his natural endowments and professional acquirements, supplemented by untiring industry.

When viewed in its larger relations, a recognition of the principles of the Genus Epidemicus is far from leading to slovenly habits of work. Its influence is quite in the opposite direction. It leads away from the temptation to prescribe for the names of diseases. It points to diseased conditions as the real object of attack. It relegates pathology and the microscope to their true position, which is of value to science but not to therapeutic science. It elevates the mind to a contemplation of that subtle life-force which pervades all matter and manifests itself in unexpected likenesses and diversities. It calls attention to phenomena of health and disease beyond the abilities of the scalpel to disclose, and suggests a dynamis elusive of chemical reagents, or the power of the highest objectives. It reminds us that medicine is a scientific edifice, to which the efforts of each worker is adding year by year, building in harmony with those who laid the foundations; and not a mere succession of ephemeral structures erected upon the ruins of empirical theories. It almost deserves to be raised to the dignity of a corollary to the Homœopathic Law.

Clinical Verifications.

INTERMITTENT FEVER CURED (?) BY GELSEMIUM.

HARANATH BASU, CALCUTTA, INDIA.

Name—Aunkul Chandra Ghosh.

Age—5.

Caste—Hindoo.

Residence—26 Gurn Prasad Chendhuree's St., Calcutta, India.

Disease—Intermittent Fever.

The patient got a little cold on Feb. 21, 1896. Next day at about 2 p. m. the patient got fever. There was no well marked chill during the commencement of the fever but great heat lasted throughout the night. On the next morning the temperature was slightly above the normal point. The next paroxysm began at about 2 p. m. before the complete pyrexia of the previous one and the temperature was high throughout the night and the next day with considerable fall towards the morning. The fever had perfect remission at 7:30 p. m. During these three days the fever was of a simple continued type and a few doses of *Belladonna*, *Bryonia* and *Nux Vomica* were administered according to symptoms and circumstances. The fever was not checked by the remedies and took an Intermittent type.

On Thursday morning at about 9 a. m. the patient got fever with slight ague. At 1:30 p. m. temperature was 104° F. Pulse very hard and frequent, no thirst, no headache, no increased secretion of urine or disturbance of digestion. Appetite was rather dull, tongue slightly coated, bowels open. The paroxysm was marked by slight perspiration and off and on sleep towards the commencement. Seeing that the patient had a disposition to uncover himself towards the decline of heat, *Sulphur*³⁰ was administered to no effect; fever was rather aggravated and rose to 105.4° F.

On Friday at 7 a. m. temperature was 103° F.; at noon 105° F. It fell quickly and was normal at 7:30 p. m. The apyrexia was marked by considerable debility.

During apyrexia a few doses of Gelsemium^{1x} was administered.

On Saturday no fever till noon; temperature commenced to rise at 11:30 a. m. At 4:30 p. m. temperature was 103.4° F. and had a quick fall.

The patient got no fever from Sunday.

MALARIOUS FEVER CURED (?) BY GELSEMIUM.

Name—Ali Mahamad.

Age—21.

Occupation—Clerk.

Residence—Deoghar, Bengal (India).

Disease—Intermittent Fever.

Date of first visit—21st December, 1895.

A few months ago the patient went to a malarious place in the Bardowan district. He was exposed to the miasm for two weeks when suddenly an attack of ague seized him. The fever was of a quotidian type, which he succeeded in suppressing by taking big doses of quinine. The paroxysms seemed to cease for a time, chill and rigor no more returned; but the patient was feeling worse than before. At the time of the ague he used to feel better during apyrexia but after the suppression of the paroxysms he used to feel dull and melancholy all day long and slightly feverish towards evening. His appetite was poor, taste bitter, bowels irregular. He had a profound disgust for food and work of all kinds and everything around him indicated fatigue and exhaustion. In this way he was gradually brought down to the point of extreme prostration. There was general impoverishment of the blood, owing to impeded circulation beneath the cutaneous surface and accumulation of blood in the veins and capillaries, the skin appeared pale and cachectic, and the finger-ends blue and bloodless. There was organic change in the spleen which is known as the most pernicious sequel and accompaniment of protracted intermittent fever. The liver was also torpid.

While he was ailing in this way there came a relapse. This time also he took quinine in big doses; but the paroxysms, instead of ceasing, became more and more aggravated with severe constitutional disturbances. Now he lost all faith in Allopathy and asked for help from Homeopaths. I was called in. Fortunately I had the advantage of consulting Dr. P. C. Majumdar, M. D., who went to Deoghar at that time to see one of his patients. We saw him in the following condition:

The fever was quotidian as before and was coming with violent chill which commenced in the hands and feet. The heat stage was marked by absence of thirst, extreme restlessness, dull, pressing headache, and frequent urination. The fever used to subside with perspiration. Stethoscopic examination revealed nothing wrong in the chest. There was only a dry hacking cough. The spleen was enlarged, the liver slightly congested and painful to the touch, and the pulse rapid, small and weak.

We prescribed *Nux Vomica*^{6x}, two doses during apyrexia next day.

Dec. 22.

No improvement. The fever came at 1 p. m. and lasted till 9 p. m.; pain in the liver much increased. Dry cough, very troublesome at night.

Dec. 23.

Fomentation on the liver and spleen. No improvement; cough much increased, obliging patient to pass the night in a recumbent position.

Gelsemium^{3x} every four hours.

Dec. 24.

Paroxysm with less chill and headache; had a very bad night for the cough.

Gels.^{3x} every four hours.

Dec. 25.

No fever; no headache; pain in the liver much less; cough less troublesome; slept pretty well at night.

Gels.^{3x} as before.

Dec. 26.

No fever; no pain in the liver; cough better; slept well.

Gels.^{3x} every six hours.

Dec. 27.

No fever, no cough, no pain in the liver.

Gels.^{3x} every six hours.

Dec. 28.

No fever; feeling much better.

Dec. 29.

Doing well.

The patient was doing well and gradually gaining strength and resuming his own work. For his anemia, spleen and scrofulous diathesis I prescribed *Calcarea* but suddenly the fever relapsed.

It was on the day of the full moon. The fever came with chill. The heat stage was marked by sleep and drowsiness. I prescribed *Apis*³⁰. The fever was not checked by the remedy. *Gelsemium* was again administered in the 200th potency.

The patient is doing well since taking that medicine and slowly coming round. There has been no relapse as yet.

This case demonstrates the effect of high dilution in particular cases. How often are we led astray by our misconceptions about the action of a medicine whose curative effect lies in high dilutions! It proves the necessity of our minutely studying the potentization theory.

[Had the doctor followed the instructions of Hahnemann and stopped his medicine on Dec. 25th with the first evidence of improvement the result would have been even more satisfactory than it was. Still better results would have followed the single dose of the 200th on the 23d, and from a study of the case would be inclined to the selection of *China Sulphuricum* high for the first prescription.—E.D.]

CROTON TIGLIUM³⁰—A CASE.

H. W. CHAMPLIN, M. D., TOWANDA, PA.

The doctor was his own patient this time and took some of his own medicine, which, it is said, doctors rarely do. And we believe it, for this doctor refrained from taking any medicine for several days after symptoms appeared. He infrequently had, after some error in diet, one, rarely two, loose evacuations, always followed by resumption of normal stool the next day. This time the loose stools continued, one immediately following each meal of the day. There being no inclination to diarrhoea between those times, and, appetite being good, the diet was not properly restricted. A limited diet for a few days did not cure though it modified the symptoms. One evening immediately after tea, being hurried to the toilet room, and, having urgent professional engagements, the doctor yielded to the dictates of his conscience and took one dose of croton tig.^{30x}. A perfect cure resulted—no loose stool since that time, now some months, although the patient did not refrain from his corn meal bread, fine French prunes and other fruits and foods in variety.

Prior to this attack the doctor could not use apples in any considerable quantity without causing loose evacuations. Since

then, during the present spring, there has been an unusual appetite for apples, an appetite not before experienced since boyhood, and this fruit has been eaten freely without effect upon the bowels. Has a tendency to subacute or chronic catarrh of stomach and bowels been averted by one dose of croton tiglium? This clinical report is of little or no value—every reader knows that croton oil in any potency from 3x to ——— will cure such symptoms. This has been the writer's experience in cholera infantum and gastro-enteric catarrh of adults. This case should prove all points of the homœopathic law to any unbeliever.

You cannot divorce Medicine and Theology: Man exists all the way down, from his innermost, Spiritual, to his outermost, Natural.—*Kent*.

Hahnemann's was an unusual life. He was as circumspect as a woman, and that is saying a great deal. He had a duty to perform, and could do it. Clean, honorable, noble; a man of integrity to himself and family.—*Kent*.

The person who loves crime lives in it. It becomes a part of his nature, and shows itself in the external man. The man who loves truth and humanity lives in that idea, and it becomes a part of his nature, and you can see it in the external man.—*Kent*.

An immense amount of hardness of heart and lack of charity is engendered by trying to accumulate a large number of "Grand Operations" without asking "Is this for the good of the patient?"—*Kent*.

A truth, on any plane, presented to different men, is accepted or rejected by each according to the good or evil of his understanding.—*Kent*.

The external man is but an outward expression of the internal; so the results of disease (symptoms) are but the outward expressions of the internal sickness.—*Kent*.

Obstetrics.

OBSTETRICAL OPERATIONS.

ANNA LOWE GEDDES, M. D., GLEN RIDGE, N. J.

I feel some hesitation in speaking on the subject of operations of any nature. We seem to have gone surgery mad, and if the medical profession itself does not soon call a halt I fear the laity will rise in a body and demand the suppression of surgeons by their own methods!

The most justifiable operations—I had almost said the *only* justifiable operations—are those made necessary by childbirth; for even with the greatest care on the part of the attendant during delivery, there are many times laceration of the perineal muscles, and where forceps are used, laceration of these structures is the usual accompaniment.

The most favorable time of repair is a disputed point. Some obstetricians advise immediate operation, while others think it better to wait from six months to a year after delivery before attempting any repair. In my judgment the immediate operation is best for, at least, two reasons. First, because the parts, from pressure and extension consequent upon the passage of the child, are in a measure benumbed and less sensitive to pain, so the sutures may be placed without the use of an anæsthetic; this I believe to be a very important factor in the final result of the operation. We are all familiar with the pressure and tension upon and subsequent relaxation of the perineal body at this time, and if to this we add the further relaxation induced by anæsthesia we get just so much additional indisposition to healthy union. Second, the dread of a future operation is removed and the patient's mind is at rest. This is by no means an unimportant element to be considered for the benefit of the lying-in patient. I have known cases where the patients were made so thoroughly wretched by the knowledge and dread of this future ordeal as to produce fever of a most persistent and aggravating nature, not altogether alarming, but enough to keep the physician on the anxious seat constantly.

Excessive manipulation is responsible for more failures in these operations than is the lochial discharge. I have seen operations where the patient, being anæsthetized and the detestable leg-brace brought into operation, the laceration was such a scraping and douching and re-scraping and re-douching with all sorts of antiseptic precautions, that by the time the carbolized catgut sutures were placed by a surgeon whose carefully carbolized hands handled only sterilized needles held in Listerized needle-holders, and the operation finished by packing the wound in iodiform gauze, my patient was exhausted and my admiration for natural methods of repair increased, for only the feminine gender of nature, with the proverbial persistency of that gender, could overcome such tremendous obstacles or make repair in *any* degree possible. The lochial discharge *may* prevent the reunion of the superficial tissues, but if your nurse can be trusted to keep the wound constantly clean there will be no great danger of non-union.

Some operators complain of the frequent "pocketing" in these primary operations. I am afraid they do not take their stitches deep enough. Careful coaptation of the sides of the wound and taking the stitches deep into the tissues will overcome that difficulty. If the laceration is extensive and uneven it is a good plan to take a few buried sutures of silkworm gut, then finish the operation with iron-dyed black braided silk, which holds firmly and is easily removed without torturing the patient. The use of silver wire in these operations is rapidly becoming obsolete, and rightly, for it is a barbarous practice, adding to the discomfort and pain of the operation and preventing the cleanliness so essential in the care of the wound.

If you expected me to tell you of a new stitch for use in this particular operation, or a modification of Tait's method not before discovered, or an improvement upon the various needles in use, curved, half curved, or straight, I have to disappoint you. The only thing I can suggest is that we use a little more of that uncommon quality, common sense. When the patient has just drawn her first breath of relief after the exhausting ordeal of labor, don't tell her with an air of commiseration and a face as solemn as a graveyard, while at the same time a frightful array of instruments is produced, "That she has been badly injured, and that, much as you regret it, etc., etc., *ad nauseam*. Why, I have seen operators wash their hands with an air so impressive

that, accustomed as I am to such operations, yet I felt that no less than a living sacrifice was to be offered! Instead of all this, after your patient has been prepared for her lying-in, tell her that there is a little more work to be done, a little more suffering to be borne. Let the assistants flex the limbs. Quickly and lightly sponge off the lacerated surface with a solution of calendula and hot water—use a piece of absorbent cotton as a sponge—carefully coapt the sides of the wound; take your stitches deep into the tissues, cover the wound with a piece of dry cotton, and almost before the patient realizes it the operation is finished and she is comfortably placed in bed. The instruments necessary are two needles, one threaded with silk, the other with silkworm gut, a needle-holder, and a pair of scissors.

We hear a good deal just now about the immediate repair of cervical lacerations. I want to enter my protest against such operations. The relaxed and physiologically abnormal condition of the entire uterine structures at that time put it beyond the possibility of *any* obstetrician, no matter how clever or experienced, to determine the extent of the laceration or the amount of repair necessary. These operations are in the nature of experiments. They are useless experiments, and should be discountenanced.

The tendency of the day is toward notoriety. We would all be specialists. We try laboriously to convince ourselves that the human body is made of many sections entirely independent of each other, and we take up each his favorite section, the eye, ear, throat, nose, lungs, liver, kidneys, and treat it as though no other part existed. Then we talk learnedly of the “advance of medical science.” The advance of medical science has a remarkably crab-like movement, if the statement of the great Egyptian historian is correct. Writing more than 2,000 years ago he says: “Medicine is practiced among them on a plan of separation. Each physician treats a single disorder and no more. The country swarms with medical practitioners, some undertaking to cure diseases of the eye, some of the ear, others of the teeth, others of the head, others of the intestines (I wonder if he referred to orificial surgery), and some those which are not local.” How far have we advanced, pray, since Herodotus wrote thus sagely of medical science?

To know how to operate is well; to know how to prevent the necessity for operating is best, and constitutes the true advance of medical science.

ONE DUTY OF THE OBSTETRICIAN.

HOWARD CRUTCHER, M. D., CHICAGO.

After the birth of every child the attending physician should examine carefully the mother. It is taken for granted that he has not neglected to examine the child. In many cases the maternal parts will be found lacerated. No matter how slight these tears are, they should be repaired promptly. In no ordinary case should the placing of the sutures be delayed more than (say) three hours. It were much better to place them within an hour, provided there be no other complications. It is a very easy thing to do. The womb is easily brought into view and a Hagadorn needle carrying a firm strand of chromicized catgut can be passed without much pain. The perinæum can also be stitched without anæsthesia, local or general. I find the only pain when tying the catgut. It is rare that perfect union does not follow at once.

Obstetricians should not consider their duty ended when the umbilical cord is cut and tied. The future health of the mother depends upon a simple little performance which no conscientious practitioner should neglect. It is shameful to allow a woman to be torn and not sew her up. If the tear in the perineum is not repaired, a weakened pelvic floor is the result; and a neglected laceration of the cervix entails miseries which even our best prescribing fails to relieve.

If obstetricians will carry a supply of Hagadorn needles and medium chromicized catgut, and use them when demanded, the work of the surgeon will be greatly curtailed in the future. In other words, instead of doing late surgery do early surgery. A comparison of results will easily convince the most skeptical.

I am not able to understand why so many practitioners oppose immediate interference in these cases. Some lacerations no doubt get along well without any special attention, but certainly a majority do not. That one tear has healed without sutures is no reason why sutures should not have been used. I have never heard that they do any mischief.

It is my hope and belief that another generation will see fewer gynecologists in consequence of the larger number of careful obstetricians.

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

THE YATES, SYRACUSE, NEW YORK, March 21, 1895.

The meeting of the Central New York Homœopathic Medical Society was called to order by the President, Isaiah Dever, M. D., LL. D., Clinton, New York, at 11:30 a. m.

Members present—Drs. Carr, Schumacher, Brownell, Grant, Dever, Seward, Follet, Martin, Leggett.

The minutes of the December meeting were approved as read.

The report of censors was referred to the afternoon session.

Dr. Grant read Sections 162–172 of the Organon, and began their discussion with the following words:

“Section 162 seems to me one of the most unfortunate in the whole range of Hahnemann’s writings; not because it is wrong or false in any particular, but simply because it has been in word, thought and practice, separated from the context, and used by the thoughtless, the ignorant and the malicious as a cudgel with which to beat the life out of Homœopathy. It is not an uncommon thing for men to isolate words, acts and conditions from their normal surroundings, willfully and otherwise, and throw upon and about them a different light from that in which they first stood, and so give a different, and often opposite effect to what was originally intended. So it is with Section 162. It has been used to show how utterly inadequate Homœopathy is to cope with *all* the diseases and conditions that we meet. Some time, they say, when every known substance has been proven and re proven, until every possible symptom of every possible remedy is recorded, we shall be able to apply homœopathy to every case; but until then, we shall, by Hahnemann’s own admission, be obliged to use less perfectly curative agents.

“Now this is positively vicious, and yet it is not an uncommon line of argument, and it is the basis of everyday action in the practice of many. But wait, let us see if this is a real or fictitious condition. Think of the wealth of proven remedies, comprising nearly all the elements in nature and combinations of element

from every class in the wide range of the universe! Is our stock of drugs small? Is our register of symptoms meager? In the large majority of instances, when you can not find a parallel to your case in the volumes of proven remedies, it is because you have failed properly to take your case, or properly to analyze the symptoms you have. Don't take refuge in a perverted and isolated section of the Organon, and blame the incompleteness of our system, and resort to alternations or empiricism, but look yourself frankly in the face and acknowledge that you may have made some errors or omissions, and go over your own work once more, and see if there be not fault there. If there be none, or none be discovered, then look carefully over the next nine sections and you will know exactly how to proceed. If there be no *simillimum*, or *if it cannot be found*, carefully select the *nearest one*, never two or three. Then watch carefully for the effects. If the remedy given be pretty nearly homœopathic, and the dose in the proper potentized form, you will probably get few pathogenetic symptoms; but it is important to recognize both classes, because if the first predominate, you will wait long enough for the new picture to assert itself, and then select a new remedy to cover not only the symptoms of the old disease which remain, but also the new medicinal symptoms. But in case the drug selected as most nearly homœopathic, should have produced aggravations of the existing symptoms, in predominance, the wait must be long enough for the full drug effects to take place. Many acute diseases are cured by the removal of one prominent characteristic symptom at a time by the exhibition of a new remedy every day or two, without any serious attempt ever being made to find the *simillimum*. This, of course, is a slow, crude and unscientific course of procedure, and has its dangers; but it is infinitely preferable to the alternation method, because you do not run so great a risk of confusing the case and of getting a multiplicity of drug symptoms that nothing will unravel; and at least you have the satisfaction of verifying a symptom or two (which you cannot possibly do in the alternation method), and so add a trifle to your little fund of knowledge.

But in many cases where the *simillimum* cannot be found after careful and thoughtful search, if the case be one of those stationary, chronic conditions, where no new symptoms may be expected, or if it be one where no *immediate* danger exists, it is usual to give *no* medicine whatever; but simply to wait and

watch—you may be rewarded by unlooked-for guides that will lead you to a simillimum that will cure more quickly, surely and permanently than any “zigzag” course you can pursue.

“The thought expressed in Section 170 is one that we have all repeatedly verified, and need hardly comment upon, save again to emphasize the importance of always being on the alert, and not to jump at the conclusion that a remedy that came up strong in the first study will be the second perscription. It may *never* come up again in the whole course of the case.”

Dr. Grant's opinions were approved. Dr. Seward thought that the increase in the number of drugs, more or less completely proven since Hahnemann's time, should lessen the difficulties noted.

Dr. Brownell thought that these paragraphs brought out plainly the fact of the insufficiency of Homœopathy *in some cases*. That cases are continually met, in which Homœopathy is insufficient to cure. He pointed out the fact that Hahnemann seemed to recognize its inefficiency in venereal complications. The doctor had, a short time since, been called upon to lecture before young men, and had spoken as freely, and as forcibly as he might, upon the danger of gonorrhœa, and especially of its suppression. He believed that notwithstanding the greater number of remedies proven, that diseases were incurable, when complicated with a venereal miasm.

He cited a case of constipation, in a child who was exceedingly bright, and who was perfectly healthy in every other way. It had been frequently prescribed for by Dr. J. G. Schmitt and became Dr. Brownell's patient after Dr. Schmitt's death. The prescriptions were often followed by amelioration, for a longer or shorter period, but the trouble *always returned*. The stool was in small, round, hard, light balls, with some irritation of the rectum. A prescription of Caust.^{cm} at 11 a. m. was followed the same day by an immense, easy stool. But the condition returned; it always did return. He thought that there was something back of, and underneath it all; that the disease was venereal. (Only one year since the death of J. G. Schmitt.—ED.).

Dr. Carr recognized the fact stated by Dr. Brownell, that there were diseases (or conditions of disease—ED.) not curable by any known means. He reminded the members that the advancement of the knowledge of Homœopathy during the last ten years, has given greater opportunity for observation in the last

mentioned cases than ever before. That it was almost impossible to obtain any history of venereal disease through the patient or friends. Cases are found in which the origin of the disease can be referred some generations back. These, many times, from lack of history, cause the failure of all prescriptions. Dr. Carr was quite convinced that the results of venereal disease, many times passed over one or two generations, and appeared in generations considerably later.

The President called upon Dr. Leggett. Dr. Leggett thought that little was known, as yet, of Homœopathy. First, that its powers and possibilities are just beginning to be understood; second, that the names, *disease* and *miasm* are often confounded. She admitted that a disease, so-called, may be cured with one remedy, and a miasm restored to its latency; but insisted that the *cure* of a miasm, is a very different matter. She further stated that Hahnemann fully recognized incurable conditions, when he admonished the physician "to understand what is incurable in disease in general; and each individual case in particular." Physicians are often plunged into a midst of a case that has already reached an incurable condition, or a period of life in which the vital force of the patient has not sufficient strength to rally. She added that it is not expected that cancer can be cured in a patient of seventy-six years, and, as cancer is the result of degeneration of the vital organism through sickness, cancer will always be sufficiently difficult of cure. But, when physicians can take uterine cancer down to death, without a characteristic pain, nausea, or odor, and without one dose of morphia, why then *stick to Homœopathy*. No other school of medicine can do so much, and when Homœopathy reigns, the patient will never reach such a condition. All disease is curable, homœopathically, at some stages of its development. Dr. Leggett thought that the complication of a medicinal miasm was even more formidable than the venereal miasm.

Dr. Brownell thought that there might be something in atavism. He thought sycosis incurable. He had seen three or four children born of a sycotic male.

Dr. Grant thought this instance was, probably, an exception. It is not absolutely infallible that the male at once impress the female, so that she become sterile; although it is often the case. It is possible for the female to be sufficiently strong, for some time at least, to resist infection.

Dr. Brownell distrusted an urethritis, that lasted more than three days.

Dr. Dever, referring to Dr. Leggett's remarks, did not admit diseases that the well selected medicine would not cure. He thought incurability possible, in cases where the vital force is too weakened to respond, but he usually charged all failure to himself. Two years since, a case of Schirrus of the mamma, right side, with indurated glands in the axilla, was presented. *Psor.*^{cm}, two doses, was prescribed. The growth was two years old. The induration of the glands have disappeared, the pain is gone, the schirrus is still evident. The woman is seventy-eight years of age.

(If a mental distinction be made of disease and the subject of disease, or case, the matter will appear clear. While we know that all varieties of disease are curable, we also know that a case, or subject of disease can reach us in an incurable stage.—ED.)

Dr. Brownell did not believe in the curability of venereal disease. He has now, under his care, a young man who contracted gonorrhœa some years ago. This patient was treated by single doses and high potencies, without injections, or local application, during the acute attack. He is still suffering from sycosis, and the doctor believed that he always would do so. The doctor had been led, through his experience, to regard sycosis as the divine retribution for indulgence in the social evil. Sycosis remains in the system unto the third or fourth generation. He believed that here, Homœopathy, great as it is in all else, is insufficient. He had heard Dr. W. P. Wesselhœft say that he had cured syphilis, and had seen healthy children born after the cure. In his own experience, he had never noted a similar fact.

Dr. Dever had known syphilis to remain cured twenty years, and without signs to occur in subsequent children.

Dr. Leggett, in relation to apparent increase in the number of medicines effectively proved, quoted from notes of a lecture by Prof. Kent upon Section 162. "A first glance at the *Materia Medica* seems to mark a great advance in this respect" (the number of remedies), "but further study shows, that but few of the additional remedies are really well proven."

Dr. Grant presented a paper on

HOMŒOPATHIC PRESCRIBING.

To make a good homœopathic prescription requires the nicest

judgment and most careful discrimination. It is not, as many seem to think, a mere bit of arithmetic—the getting together of a lot of drug symptoms and adding them together to see which drug has the greatest number of symptoms like the case in hand. In a way it is this, but it is far more than this.

First, there is the taking of the case; and this is described by Hahnemann in Sections 84–99 of the *Organon*, in his own matchless way. But it is here, that the widest field for the display of individuality, is shown. The patient must be led to give his own version of the case, he must be encouraged to tell all there is to tell, and yet kept within the bounds of the case, that is, “from wandering into irrelevant subjects.”

Then comes the cross-questioning, which must be conducted in such a delicate way that the patient will not become confused—will not even realize he is being cross-questioned; and yet the physician, if he be expert, will get many new details of the case, will verify many of the original statements of the patient, and set aside many more as untrustworthy, or as mere exaggerations, or, perchance, as entire imaginations. He will discover mental peculiarities and idiosyncrasies, and possibly, deviations from moral rectitude.

Now you have the symptoms of your case, all you need upon which to base a prescription. What is to be done with it?

Hahnemann, in section 7 of the *Organon*, says that “the removal of the totality of the symptoms is a cure.” And in section 147 he says: “The drug completely tested with regard to its power of altering human health, and whose symptoms present the greatest degree of similitude with the totality of symptoms of a given disease, will be the most suitable and reliable homœopathic remedy for the disease, for which the specific curative agent will have been discovered.” But he does not stop there. He goes on still farther, and points out the manner of comparison between disease and drug. In section 153, he says: “The permanent, uncommon and peculiar features of the case are especially, and almost exclusively considered and noted, for these in particular should bear the closest similitude to the desired medicine, if it is to accomplish a cure.”

So, now, after getting together all the fine points of your case and reducing them to writing, as directed by Hahnemann, comes the judicial inquiry as to what are the most valuable symptoms. Which are the ones to be considered first and given the greatest

weight? Probably the aggravations and ameliorations should have the very highest rank in sifting out or placing values upon symptoms. Aggravations of time, aggravations of position, circumstances, surroundings, weather, etc.

- I have a case in mind now, one of long standing, with a multiplicity of symptoms that seemed indeed to have indications, more or less, for half the polycrests. But in weighing up mentally the different indications, the one that seemed to stand out as the most peculiar and uncommon of all, was the marked aggravation running all through the case, from getting the feet cold. This led to the selection, from a chaos of drugs, of *Silicea*, and one dose of the 101^m produced one of the most brilliant cures I ever made.

How many times have we all cured coughs with the peculiar three, A. M. aggravation, by the use of *Kali. Carb.*? The desire of *Carbo. veg.* to be fanned *hard* is so marked that we almost forget that it is a peculiar symptom. And so I might go on and multiply instances, but this is enough to illustrate my point.

Next, in relative importance of symptoms, if indeed they should not precede the foregoing, are the mental symptoms; and no prescription can be considered perfect without taking them into account. But any peculiar symptom, wherever found, or of whatever kind, must, if possible, be covered by the remedy. By this, I do not mean that a single peculiar symptom is sufficient to prescribe on; far from it. But we will suppose we are making a study of the case according to Bœnninghausen. We give each symptom its value—one, two, three or four. We find in the totals that half a dozen remedies are about equal; but one of the number has a certain peculiar or characteristic symptom contained in the pathogenesis of the case we are studying. Now this may or may not have the largest total; it may possibly be the lowest among the prominent drugs; but according to the section 153, this must be our selection, and from it we shall get the best results that may be obtained.

For example, we have a case that has worked out, we will say, *Nux Vomica*²⁷; *Pulsatilla*²²; *Sulphur*²⁴; *Sepia*²⁰; with a lot of others running down the scale to the units. But in stating the case the patient had said that she did not sleep well; of course, we asked why; she answered that she awakened, thinking she had been called and could not go to sleep again. Now, this symptom is not worth a cent in making up a diagnosis of a dis-

ease, but it is worth everything in diagnosing the remedy that will cure it. It tells us at once that *Sepia* is the drug that will relieve this patient of her suffering. It is peculiar, I may say unique, and will not lead us astray.

Dr. T. F. Allen has formulated this idea into this terse sentence: "A symptom that is of the least value in making up a diagnosis, is of the most value in selecting the remedy."

So, too, I might add that the remedy that has four or five fours (according to Bœnninghausen) is of more value than one that has a dozen ones. It is not merely the number, but the quality or value of the symptoms that goes to make up the totality; and a drug that has a given symptom most marked or prominent, is to be given preference over those that have it in a less marked degree.

Furthermore, because you happen to know a drug that covers a certain peculiar symptom, do not jump at the conclusion that it is the only drug that has it. Your Repertory or Materia Medica may show you a dozen or more that have the same in the proving.

R. C. GRANT, M. D.

Dr. Grant's paper was accepted with thanks and opened for discussion.

Dr. Brownell, as an illustration of the care needed in taking a case, cited one in which he had called Dr. J. A. Biegler as counsel. It was a case of cough. Dr. Biegler found fifteen symptoms. Carefully collating and studying the evidence, he found *Lyc.* to be the remedy. There was a mistaken statement in symptom twelve, relating to the patient's craving for and improvement in fresh air, that contra-indicated the remedy. Dr. Brownell noticed that the patient was much \leq even by the opening of the door, and that she kept the room at a temperature of 80 degrees. *Nux.* relieved beautifully. The condition afterward needed *Lyc.* and it was given with great advantage.

Dr. Dever was reminded by Dr. Grant's paper, of Dr. Guernsey and his key-notes. At one time, during Dr. Dever's studies, he had Hering, Lippe, Raue, Guernsey, etc., under observation; and it was true that of them all, Guernsey was the most successful prescriber.

Dr. Carr cited the case of a patient, who had a cough following a miscarriage. He could not find the remedy until he learned that she constantly dreamed of snow. *Kreos.* cured promptly.

Dr. Martin pointed out the fact that localized symptoms, in chronic disease, are rarely of much value, and have to be considered as "one." In skin diseases, it usually becomes necessary to consider the eruption as one symptom, and to look for peculiarities in the patient; that is, under constitutional symptoms.

Motion for adjournment; carried.

The meeting was called to order at 2:15 p. m.

The deferred report of the Board of Censors was made by Dr. Follet, who read the application of Dr. C. L. Olds for membership in the Central New York Homeopathic Medical Society.

Medical subjects were presented by Drs. E. V. Ross, C. H. Bresee, E. V. Ross, and S. L. Guild-Leggett in order named.

Dr. E. V. Ross presented a paper upon

PYROGEN IN THREATENED (?) MAMMARY ABSCESS.

On Oct. 7, 1893, I was called in to see Mrs. B——, aged 36. I saw her about 5 p. m. and received the following history: For three days she had had chills and fever alternating, every hour; but now they came as often as every half-hour. Temperature 102; pulse 120, full and strong; tongue coated white on sides, with dry, red streak down center; skin hot and moist. She complained of a bruised, sore feeling all over, flesh sore to touch, with intense aching pain in lower extremities, worse in thighs; was continually tossing about the bed. She said: "I ache that so I cannot keep still a minute." I further learned that the pains were better when she had the hot spells, also that the pains were somewhat relieved by motion. R. *Rhus tox.*^{cm} and *phicebo* to follow.

Oct. 8, about 8 p. m., a messenger called to inform me that Mrs. B. was worse and would like me to call as soon as possible. Saw her about 9 p. m. and learned that she had gradually grown worse since my previous visit. Temperature 103; pulse 120, full and bounding. I also noted the following additional symptoms: Intense, dull aching in the forehead and occiput; throbbing in both temples; profuse perspiration. She was certainly the most restless patient I ever beheld. She rolled and tossed about the bed continually, complaining of the pains in her lower extremities, as being unbearable. R. *Pyrogenium*^{cm}, one dose (Swan), dry on tongue; *Sac. Lac.* to follow.

Oct. 10, called at 9 a. m. and found her resting quietly. Temperature 100; pulse 80. She had nothing to complain of, except

a slight pain in her forehead. She informed me that shortly after taking the powder, the pains suddenly ceased, the fever gradually subsided, and that she had rested comfortably all night; has had no return. Would also note here that she is nursing a baby three months old.

My object in reporting this case is to invite your attention to a few symptoms of Pyrogen, which, we believe, were verified in the above case; also to the close resemblance to *Rhus tox.* in many respects. We summarize as follows:

First. *Dry, red streak in center of tongue.* The characteristic indicated is a fiery red tongue which becomes dark red and intensely dry.

Second. *More rapid pulse than the temperature would warrant,* which is said to be a reliable indication.

Third. *A bruised, sore feeling;* resembling in this respect (*Arn., Bapt., Bry., Rhus tox.*).

Fourth. *Intense aching all over <in the lower extremities.** *Bed feels hard.* (*Arn., Bapt.*)

Fifth. *Pain better during the fever.* *Bapt.* and *Rhus tox.* have aching worse when the fever is on.

Sixth. *Alternation of chill and fever.*

Seventh. *Restlessness, which is intense.* It vies with *Acon., Ars., Bell., Rhus tox., Tarant.* and a number of others in this respect.

Dr. G. W. Sherbino (*Homœopathic Physician*, vol. XIII, p. 204) calls attention to the similarity of the restlessness of this remedy and *Rhus tox.*, from which I quote the following:

"Great restlessness is better when first commencing to move (*Rhus tox.* worse when first commencing to move). This is the difference between *Rhus* and *Pyrogenium*. It took me some time to find it out, as the restlessness was so much like that of *Rhus tox.* that it took very close observation to detect the real difference. It has that death-like restlessness, or the restlessness as of death, or those in *articulo mortis*. Amelioration from moving lasts only a few moments, and this necessitates that the patient keep on moving, as the amelioration is but momentary."

Dr. W. A. Yingling (*Homœopathic Physician*, vol. XIII, p. 402) gives us an excellent pathogenesis of this remedy, which we believe will prove to be a most valuable acquisition to our Materia

* *Rhus tox.*: Aching pains in legs, inability to rest in any position but for a moment.
—HERING'S GUIDING SYMPTOMS.

Medica. It is worthy of note, as bearing out one of the fundamental truths of Homœopathy (*i. e.* treat the patient), to relate the following:

"Some five days later, this lady called at my office to pay the bill, and in the course of our conversation she said: 'Doctor, I do not see how it is that you cured me at all, for the half was not told; in my right breast at the time, was a hard lump the size of my fist. I did not tell, for fear you would insist upon its being lanced. All is well that ends well, for if you would believe me, not a vestige of it is left.' And, sure enough, upon a careful examination, I could detect but a slight swelling not larger than a pea situated near the base of the right mamma."

We believe that it cannot be justly sustained that the prescription in the above case was a pathological one, or that it savors of Isopathy, for Pyrogen (pus) was not given because, of any threatened or actual pus formation, for no knowledge of such a condition existed at the time, but was given because of the symptoms whose totality called for this particular remedy.

The longer I practice, the more regard I have for Hahnemann's teaching,* *i. e.* treat your *patient* and not your diagnosis.

Motion made, seconded and carried, that the paper be received and published with the minutes of the Society.

Dr. Grant added a word from Dr. Ross, that while he had characterized his paper as "Threatened Mammary Abscess," it was his opinion that pus had already formed. Dr. Grant thought that the recorded symptoms justified the belief that there was pus.

The Society concurred.

Dr. Brownell, in connection with the report of Dr. Ross, cited a case of septic poisoning where Pyrogen was not given, but where that remedy would probably have terminated the case more speedily, and more satisfactorily to believers in Homœopathy.

Mr. Henry E——, in August, 1893, as a result of a railroad accident, suffered amputation of the leg. The amputation was made at the knee joint. The patella was left and fixed over the end of the stump. The surgeon who performed the operation,

* As summed up in § VI-VIII of the Organon and so tersely set forth by Dr. John H. Clark in A BIRD'S-EYE VIEW OF HAHNEMANN'S ORGANON OF MEDICINE, p. 10, from which we quote: "Aphorisms, § VI-VIII set forth the importance of the totality of the symptoms in any case as constituting the disease—the thing to be dealt with and done away with. This, in opposit on to those who search for the hypothetical hidden cause of disease, and aim at getting rid of that."

was a country doctor, "and directed the stump to be elevated at an angle of 45 degrees." There was no effort made to secure drainage. The result was that the pus burrowed into the muscles of the thigh, and formed an immense abscess, with accompanying septicæmia.

When first seen the patient had high temperature, rapid pulse, hectic fever, and suffered *intense restlessness*. He persisted in motion, although he was not relieved by it.

He *could not* lie still. *Rhus tox.* was given and produced an amelioration, but soon the symptoms returned. It became necessary to repeat *Rhus*, and keep repeating. Owing to the establishment of proper drainage, proper nursing, and possibly some <from the *Rhus*, the patient made a tardy but complete recovery. On relating this case to Dr. S. A. Kimball of Boston, it was suggested that Pyrogen would have relieved at once, and that only a single dose of the remedy would have been needed. We have a powerful agent in this remedy, for septic conditions. It is a remedy too often forgotten. Dr. Ross's paper was highly instructive.

Dr. Bresse presented a

CLINICAL CASE—STAPHYSAGRIA.

Dr. X. had a swelling upon the lower, left eyelid, with inflammation of the conjunctiva; *Hep. s. c.^{cm}*, one dose was given and relieved the eye for a short time, through suppuration.

These symptoms were soon followed by a hard, inflamed lump appearing upon the neck, about the size of the large end of a hen's egg. It was situated at the right of the spinal column and had the threatened aspect of a carbuncle.

This being good evidence that the first prescription was not the simillimum, the development of the case was watched, without interference for four days. It became so painful, that it was with difficulty that professional calls were made, and the condition was becoming serious. The eye symptoms had returned, without >of any other symptom.

In the study of the case, the characteristic styes, nodes, chalazæ upon the eyelids led to the study of Staphysagria, in *Hering's Guiding Symptoms*.

The symptoms that decided the choice of this remedy being, painful swelling of the glands of the throat and neck; itching pimples upon the nape of the neck; induration of the cervical

glands; <by the rubbing of the neck-band. (The last existed previously to the eye symptoms).

A dose of Staph.²⁰⁰, at 2 p. m., was soon followed by an <of pain and restlessness, accompanied by the pronounced "tranquility of mind," that pointed to the effects of medicines noted by Hahnemann, in the *Organon*, Section 253, where he asserts that "tranquility of mind, following a perscription, in acute disease, is one of the most certain signs of improvement.

The swelling became so sensitive to touch, that it was <by the weight of a light, silk handkerchief; in fact, not the slightest pressure could be endured. At 9 p. m. the sensitiveness was relieved. Improvement continued from day to day; the soreness, swelling and induration lessened, until there was no pain whatever, and but slight induration. There was no suppuration from the swelling, and the eye symptoms vanished.

CHARLES H. BRESEE, M. D.

It was moved, seconded and carried that this paper be accepted and thanks returned to its author.

Dr. E. V. Ross presented a paper upon *milk-leg*.

PHLEGMASIA ALBA DOLENS.*

Mauriceau, who in 1712 first described this malady as an affection peculiar to women in childbed, considered it a metastasis of the lochia. Puzos, Levert, Delenrye, Sochtleben, and others considered it a metastasis of milk toward the legs, while Davies, Dance, Lee and Ramsbotham recognized it as a *phlebitis*.

Many and varied are the theories that have been advanced as to the ætiology and pathology of this affection. On this point Guernsey has this to say: "There is no disease in the catalogue of those to which child-bearing women are liable, concerning the ætiology and pathology of which, greater diversity of opinion has been expressed by various writers. Even at the present day no satisfactory conclusions have been arrived at. It was formerly regarded as peculiar to the lying-in state, but this view is by no means correct, for it not infrequently occurs at other times than the child-birth, attacks even men, and is not confined to the lower extremities, the upper being occasionally the seat of the disease. Necroscopical research has shown that there is usually free serous effusion into the limb, inflammation and sometimes suppuration of the lymphatics, and occasionally

*Syn. Peripheral Venous Thrombosis, Crural Phlebitis, Anasarca Serosa, Edema Loctum, Milk Leg, White Leg, etc.

a plugging up of these vessels by plastic lymph, and inflammation and obliteration of some of the larger veins of the extremity. This last named is apparently the most important and certainly the most constant condition, and has given rise to the opinion that the disease consisted essentially, in an inflammation of the crural veins, proceeding, as Dr. Robert Lee believed, from the uterine branches of the hypogastric veins. This view, however, has been stoutly combated by Rigly, MacKenzie and others. It occurs after easy as well as difficult labors; sometimes results from puerperal fever; most frequently attacks the left leg, and occasionally occurs many times in the same person. * * * The older writers associated this condition with a disappearance and "translation" of the lochia or milk. Dr. Hosack regarded it as an inflammatory disease, affecting not only the limb but the whole system, proceeding from suppression of the natural secretions, the effect of cold, stimulating drinks, and other causes, and not connected with the lochia. Dr. Tilbury Fox is of the opinion that both veins and lymphatics are obstructed, which is due simply to extrinsic pressure or to inflammatory changes in the coats of the vessels, leading to coagulation and depending upon virus action.¹

At present, it is believed to be a phlebitis of a "peculiar kind" and perhaps associated with a lymphangitis. I can readily conceive how an inflammation of the walls of a vein would excite a thickening of their coats, and with a proliferation of the endothelium, would encroach upon their lumen to such an extent as to retard the venous return, with resulting thrombosis.² When the thrombus forms under these circumstances, it is always secondary. As to causes of this phlebitis, no satisfactory explanation has, as yet, been offered. One of the latest theories advanced is that of Widal, who believes that it is always due to infection of the endothelium of the veins with the streptococcus pyrogenes. Of course, this view is in touch with the modern bacteriological craze. A previous varicose condition of the veins predisposes to this malady. It has been divided into primary and secondary thrombosis. In the primary form, the swelling usually begins at the ankle and spreads rapidly to the knee and

¹ *Obstetrics*, Third Edition, pp. 460, 462.

² Thrombosis depends upon two factors: one is the morbid alteration of the vessel-wall, the other the retardation or stoppage of the blood-current. In most cases, these two factors are in action simultaneously. In normal conditions, coagulation is prevented by the ever-renewed contact of the blood with the living endothelium of the vessel-wall. (Drucke) *Ziegler Hand-Book of Pathological Anatomy*, S. 253, part II.

upwards to the inguinal region; in secondary thrombosis (superficial form of phlegmasia), extending from the uterine sinuses, the swelling travels in reverse directions, viz., from inguinal fold to the ankle.

We will now briefly consider the clinical features of this disease, the diagnosis of which is not difficult, it being one of the late accidents of the puerperium, rarely occurring before the tenth day, and occurring as late as the fifth week, though cases are recorded where it occurred during the gestative period. As a rule it comes on quite suddenly without any premonitory signs, although there may be a prodromic period (*Stradium Prodromorum*) which is often overlooked, consisting of various gastric disturbances, such as oppression, a feeling of pressure at the epigastrium, with loss of appetite, a thickly gray-coated tongue, bitter taste, emetations, obstinate constipation and chilly sensations, with a sense of stiffness or heavy feeling in limb. Usually, the first symptom complained of is a dull, heavy pain in the affected limb, which may be referred to the groin, popliteal space, calf of leg, or ankle, which is greatly aggravated by the least movement of the limb; this is soon followed by swelling, which either begins at ankle and extends upward (primary form), or at groin and extends downward (secondary form), and may be slight or enormous. It seems to have a preference for the left extremity and usually extends as far as the groin, but may extend to the hypogastric region on the affected side; not infrequently it may be double, both limbs being affected at the same time. It has been known to travel from below upward to groin of left leg, and downward to ankle, following an ascending course in left leg and a descending course in the right. There is extreme sensitiveness to pressure, most marked along the course of the internal or long saphenous vein; the skin has a pale, shiny or glazed appearance, pits on pressure. This is most marked when the swelling begins to subside. On account of the appearance of the skin, coupled with the ancient theory of milk metastasis, it was given the name of "milk leg." The temperature may range between 100 and 102 (F.), with a correspondence in the pulse. The prognosis is usually favorable when the case is under homeopathic treatment, while the best that "regular" treatment can offer, is incomplete *recovery* in from six weeks to two years, and oftentimes the patient goes through life with enlarged veins and varicose ulcer. I have seen three such cases, as I believe,

to be due to antipathic or palliative treatment. It may go on to suppuration or gangrene of the affected extremities and the patient succumb from septico-pyemia, more or less paralysis may remain in the affected limb, and there are cases on record where the thrombus formation has been transformed into a solid fibrinous cord, this in turn giving rise to a sort of elephantiasis of the leg. Puerperal Phlegmasia of the veins of lower extremity is comparatively rare. In a series of 27,520 confinements, it occurred 44 times or 1,625 per M. I have met with but one case in four years, which I here report:

On the 10th day of May, 1892, I attended Mrs. H., aged 30, in her second confinement, labor normal, duration four hours. Fourteen days later, she was seized quite suddenly with a severe pain in the left calf, which she described as of a dull, aching character, the pain soon extended to groin; the next day the limb began to swell and I was sent for. I saw her about 7 p. m. and found the entire limb swollen, pale and œdematous, marked swelling and tenderness along the course of the internal or long saphenous vein. It felt like a cord to touch. She complained bitterly of the dull aching pain; quite restless. Temperature 100; pulse 96. I wrapped the entire extremity from ankle to groin in absorbent cotton, covered this with oiled silk and elevated the limb, and left *Pulsatilla*²⁰⁰ in solution, to be given every two hours.

May 11. Called at 5 p. m.; found the swelling had greatly increased, skin has a smooth, glazed appearance. Saphenous vein very sensitive to touch, pain has greatly increased since about 4 p. m. Temperature 101.6; pulse 100, tongue dry, coated, brown at base. On carefully going over the case, I obtained the following: Band-like constriction across the epigastrium, rumbling in bowels, most marked in left hypochondrium (splenic flexure of colon), the intestines would knot up, forming bunches that gave the abdomen a nodulated appearance, no stool for past three days, intense itching in the popliteal space (bend of knee), which annoyed her greatly, there being a constant desire to scratch the part. Mentally she was quite irritable, fault-finding and wanted her husband or some other member of the family with her constantly. For these symptoms, I was about to give her *Lycopodium*, but the symptom of itching in bend of knee being so marked and, as I thought, quite peculiar to the case, I desired to "look it up;" so I requested her husband to accom-

pany me to my office, and upon my arrival I took down a volume of the *Concordance Repertory* and turning to the section *Lower Extremities*, and looking under the rubric *Itching* I found the following: "Itching in bend of knee. *Lyc.*" This at once decided the choice and I sent a powder of *Lycopodium*^{cm} (Swan) with *placebo* to follow.

May 12, 5 p. m. Pain less; no more rumbling; band-like constriction gone; itching in popliteal space does not trouble her; swelling same; temperature 100; pulse 90; tongue moist; mentally she is more contented.

May 13. Swelling diminishing; bowels moved freely; feels better in every way; tongue clean and moist; temperature 99; pulse 80.

May 14. Continues to improve; swelling rapidly subsiding.

May 15, 7 p. m. Not so well; some pain in limb during night; rumbling in bowels since 4 p. m.; have not moved since the 13th. *Lycopodium*^{mm} (Swan).

May 16, 7 p. m. Better in every way. From now on she made uninterrupted recovery, and four days later the swelling had entirely disappeared and on the 21st she sat up and even walked about the house contrary to my instructions; but no harm resulted. Four months ago I attended her in her third confinement, but to date she remains free from her old trouble.

This case shows in a measure what Homœopathy will do for these cases; it not only shortens the course, but brings about a cure. We see from the above case the duration was but ten days and the patient was evidently cured. The best that regular medicine can offer is *recovery* in from six weeks to two years, which, to say the most, is never complete.

One word more in regard to phlebitis of the lower extremities. Guernsey says that a condition resembling phlegmasia alba dolens occurs in men. I believe this to be quite true, for I have met with a similar condition in two instances in men, in each case it followed an attack of typhoid fever, the left lower extremity being affected in both cases, and, singular enough to say, both were cured with *Lycopodium*.

E. V. Ross, M. D.

Moved, seconded and carried that the papers of Dr. E. V. Ross be accepted and published, and the thanks of this Society be extended to their author.

(CONTINUED IN JULY.)

Editorial.

WHAT SHALL WE CURE?

The teachers in our medical colleges have become so strongly impregnated with the old allopathic idea of disease that they teach their students that in accord with the real scientific idea of disease, it is impossible to cure; consequently all the physician can do will be to treat the disease and be content to trust the result to the work of Nature. The question may be asked, why the text books of the old school so studiously avoid all mention of curing of disease, and almost invariably consider the subject either from the standpoint of prevention or treating the disease? There can be but one answer to this question, and that is the impossibility of remedies selected in accordance with the indefinite, uncertain knowledge of the action of drugs and a corresponding uncertainty with reference to the exact condition to be treated, accomplishing any better result than that of the simple palliation of suffering. And it is no wonder that the followers of this empiric method of treatment should rapidly become therapeutic agnostics and accept the knife as the logical sequence of the treatment of all diseases not arrested in their very insipidity by efforts seeking to prevent the development of its characteristic effects. The literature of the school is filled with suggestions of this nature and the practical part of the curriculum of their colleges is devoted in a large degree to the study of surgery, sanitation and the influences of climate upon those who are so far advanced in their state of ill health as to make a sojourn under a more favorable environment necessary for the prolongation of life. This erroneous idea of the nature of disease has so thoroughly impressed itself upon the medical mind wherever it may be found, that there is little difference in the instruction imparted to students of homœopathy from that obtained in other colleges, so far as the nature of disease is concerned. The only difference noticed being in teaching that remedies selected in accordance with the law of similia will, in some way or other, accomplish more positive results than when selected by the

empirical methods of the old school; and even this is distorted and pruned down to conform with the materialistic idea of disease, for the literature of the homœopathic school today looks upon disease from identically the same standpoint as that of the dominant school; hence the impression that the student must be taught the materialistic idea of disease with its materialistic origin, and its pathological manifestations.

Filled with this idea, it is but logical that remedies selected even under the law of similia must be materialistic in their nature, because a materialistic thing is to be treated and in accordance with the teachings of Hahnemann, materialistic agents must be employed for the cure of the same. Naturally, unsatisfactory results follow, and naturally, those who employ such means for the treatment of such conditions, will be inclined to limit the sphere of action of this law and to feel justified in going outside of its application for the accomplishment of the aim in view. Faith in the law is slight; and the time is not long before faith in any remedial agent is gone and the practitioner is ready to follow the *ignis fatuus* of present opinion in every case. He becomes a therapeutic agnostic and ridicules the ideas of those who, through faithful and persistent application of remedies in accordance with the dynamic theory of disease, claim to secure results incomparably greater than that of the modern school of medicine. The modern homœopath whose knowledge of the sphere of action of remedies is limited, is the one who denounces the materia medica as unreliable and insists upon its immediate revision upon a purely scientific basis, so that he may be able to apply the same in accordance with his mistaken idea of the nature of disease. The result will always be a failure, and may be fitly termed a misfit. No student of medicine can ever hope to succeed in his investigation of any principle or rule of practice, unless his investigations be strictly in accord with the principles involved. And it is as impossible to reach a satisfactory conclusion where truth and error are being continually brought together, as it is to seek a perfect union between oil and water. They will remain but a mixture through the entire life of their investigations. Hahnemann laid down some definite principles and all of his investigations confirm the truth of these principles. And the marvelous results obtained by the early followers of Hahnemann were due directly to the fidelity with which they followed the instructions of the master. It mattered

not how much their natural inclinations may have lead them into different directions they were compelled every time to come back to these fundamental principles, and the careful adaptation of remedies selected in accordance with these principles, compelled the scientific world to stand aghast; and then to rise almost as one man and seek to annihilate all who would persist in promulgating such teachings. Today this same scientific world sees so little difference between the teachings of the new and the old, that they no longer fear for their supremacy but denounce the followers as dishonest sectarians who hold themselves aloof from the dominant school for reasons that are largely selfish and mercenary in their character, demanding that they prove their honorable intentions by the dropping of all sectarian bias. This has been the natural trend of the teaching of our colleges during the past decade, but with the dawn of a new century it is to be sincerely hoped that the expressions of those who have gone back into the past for their inspiration, will cause the younger men of the profession to stop and inquire whether they have lost sight of the real underlying principle in their practice. Also whether it might not be profitable for them to begin a series of investigations along the lines originally promulgated by Hahnemann. This will necessitate a discarding of much that has been accepted as truth and the substitution of much which in their ignorance has been condemned as visionary and absurd. They will recognize that it is not their province to suppress pain, to subdue inflammation, to check a secretion, to remove a polypus or a tumor, to transform a general nervous condition into a local irritation, but that on the contrary, if they would hope to cure disease, they must study these manifestations or objective symptoms in conjunction with the subjective symptoms or evidences of a disturbed condition, as expressed by the individual. In short, that they must come back to the original conception of disease as taught by Hahnemann, which is made manifest by the *totality of the symptoms*, regardless of any materialistic, pathological condition which may be co-existent with the same. That they must seek to determine the influence or force which has been instrumental in causing these manifestations, and that the cure, of itself, will not be in the removal of these materialistic products, but the removal of that condition which has acted as the disturbing factor during the past, when both subjective and objective symptoms will either disappear entirely, or prove of little inconvenience to the person afflicted.

IT BECOMES AN EMULSION.

Oil and water cannot assimilate. The chemical properties of each vary so greatly in character that there is no way known to science by which either oil may take up the water, or the water assimilate with the oil. It is necessary therefore that the character of either one or both be so changed as to lose its original identity, before anything but a mixture will result from the union. For temporary purposes it may be expedient that oil and water come together in the form of an emulsion, but it is questioned whether any permanent good can result therefrom, and it is very probable that either acting in its natural element will accomplish better and more permanent results than the two combined.

There are two sides to every question, each side seeming to possess the preponderance of truth, depending entirely upon the point from which it may be viewed; so every one who carefully and conscientiously discusses the question must be considered honest in his opinion and treated with that courtesy and attention which legitimately belongs to sincerity of purpose until he can be proven to be in error.

The man who adopts the opinions of another without having carefully studied the question from some standpoint is not worthy of the slightest consideration, and altogether too many of our active disputants or agitators belong in this class, and to them is due much of the unprofitable contention arising from the discussion of almost every question. They do not thoroughly understand the basis upon which the principles have been formulated which they have accepted as their own, neither do they understand the position of those presenting a different view of the question, and, as a natural consequence, bring ridicule upon themselves and the principles they so superficially defend.

All this bears upon the question involved in the selection of remedies for the healing of the sick, in accordance with the law of similia.

A. has carefully studied this question and as the result of due deliberation, viewed from the prevailing standpoint of materialism, has formulated a consistent defense of his position, that disease being the result of a purely material influence must be removed by an influence similar in character. The investigations of a scientific world largely agree with his own investigations and the bacteriological origin of disease seems the most

logical and the most satisfactory explanation possible. Now, the true, earnest student having neither time nor inclination to quibble or quarrel with those who differ from him in opinion, his whole thought being how best to convince the world of the truth of his conclusions, presents the same in his clear cut logic and patiently abides the result. The man whose investigations, aided, perhaps, by a natural inclination, have led him to look through and beyond the material environment and to see the work of a silent but powerful influence, looks upon disease as the evidence of a disturbance in the relationship between this dynamic force and the material elements brought within its sphere of action, believing as he does, that pathological structural changes are but the direct and logical result of a perversion of this natural, vital or dynamic force upon the material organism, he reasons that these changes must be due to an influence, similar in character, being brought in conflict with the forces controlling the different functions of the body; consequently, the means taken for the restoration of the equilibrium must act upon a similar plane—must be of a similar nature.

This theory was put to a test by Samuel Hahnemann and as the result of his skillful and persistent investigation he proclaimed as a rule of action, that *disease is simply the susceptibility of the vital force to the disturbing influences with which it may be surrounded*. That it is strictly and solely dynamic or immaterial in character and that nothing of a material nature can ever remove this susceptibility and consequently cure the disease. That any other influence employed in any other way will always result in either palliating for the time being, or, as the material influence becomes more profound in its character, permanently suppressing the natural or logical manifestation of this perversion, with the result that it may go on for weeks or months unseen until finally its cumulative effect brings out a manifestation that is beyond the power of man to overcome.

Thus we find two classes of honest, scientific investigators working upon the same problem from directly opposite positions. These men may come together for a discussion of this question with decided benefit, though they may differ upon almost every position taken. Unfortunately there are men who accept the conclusions reached without taking the trouble of investigating the reasons presented, and generally these are the men who, having the most positive convictions, bring the question under

discussion into disrepute and ridicule, because of the superficial nature of their argument, and it is a significant fact in this connection that the ridicule never comes from the earnest master of the situation, but from those who possess no deeper insight into the question, although viewed from an opposite standpoint.

The medical profession afford very frequent illustrations of this unfortunate tendency and it is because of this general ignorance that we find within its ranks so much bigotry and intolerance. Those who know the least, generally are the ones who set themselves up as judges, not of their own attainments, but of the imperfections and irregularities of others.

No subject can be mastered in any other way than through the slow, unceasing study of the relation between cause and effect, and this constant interrogation of nature characterized in the student by his receptive tendencies and unfortunately those who are the most capable of imparting knowledge are the ones who are inclined to listen, unless the environment be similar to their own plane of thinking. It is for this reason that many of our best men are never heard at the large and miscellaneous gatherings of the profession, and also explains the reason why the small societies consisting entirely of men with a single purpose are so profitable for all who may come under their influence. It is for this reason that people with clear, positive and well defined convictions are justified in formulating a declaration of principles which seem arbitrary and limited in character, but which tend to bring together congenial spirits who have reached certain defined conclusions as the result of careful scientific work, and because of the singleness of purpose of all present, are led to throw aside their natural reticence and give expression to the most secret thoughts of their lives. That element which is in the majority legitimately maps out and controls the spirit of every meeting and all who may not be in harmony with this spirit have the option of keeping silent, resting content with the reception, be it favorable or unfavorable, or withdrawing entirely from its influence.

We are convinced that any society actuated by a spirit of honest inquiry, will welcome light from any source and know from experience that an earnest student of the principles embodied in the rule of similia will always be given a thoughtful hearing.

WHO ARE THE PARASITES?

The recent meeting of the Kansas State Society must have been a success and a decided innovation over previous meetings in that state, judging from the editorial recently appearing in one of our so-called homœopathic journals, because, as he says, "the Hahnemannian homœopaths dominated the meeting" and the entire sessions were devoted to the discussion of the philosophy underlying this rule of practice, instead of devoting the time to the discussion of the various ways and means by which pain may be relieved or the evidences of disease suppressed. This society is charged with the heinous offense of "too much theorizing, too much philosophizing and not enough clinical experience, from which lessons of value and helpfulness might be drawn." It must be borne in mind that this is the first meeting ever held in the state in which a proper place was given to the discussion of homœopathic principles; and for that reason it undoubtedly was deemed proper that due consideration be given to the laying of a foundation upon which a clinical experience might be understood. It would be amusing, if it were not a sad commentary upon the real facts in the case, to read that "about thirty earnest and zealous workers in the cause were present," and then in another place to read that "there were a handful of good and true men (none of whom were included among the thirty earnest, zealous workers) who were unanimous in the opinion that the Kansas society needs to reform its methods and get out of the rut into which it has unconsciously drifted." It is more than possible that the discussions may have brought out some illogical statements and possibly some crude speculation; but we venture the assertion that there were a sufficient number of able defenders of the philosophy of Hahnemann to correct any erroneous impressions which may have been expressed, and that seed was sown at this meeting which will bear an abundant harvest in the future.

DUNHAM MEDICAL COLLEGE.

It is interesting to trace the origin of the custom by which American Colleges call the last day of the collegiate year, their Commencement Day. And it is found that in the University of Cambridge it is the day when Masters of Art or Doctors receive degrees. This day is so called from the fact that the candidate

commences to be Masters of Art, Doctors, Licentiate, etc. We find that this term is applied by extension to the graduating exercises of schools of all grades and that the general term applied to the successful candidates was that of *commencers*.

Everything must have a *commencing*, but it is exceedingly rare for an institution to commence its existence at the stage of matured development based solely upon the inherent strength of the principles for which it was founded.

On the fifth of September last the first visible evidence of a new institution was made apparent by excavations for a foundation. On the fourteenth of November the College completed its preliminary stage and commenced its earnest, practical work in one of the most perfectly planned college buildings in the city of Chicago, with laboratories exceptionally well equipped for the teaching of anatomy, physiology, chemistry, histology, pathology and bacteriology. Thirty-one men and women showed their confidence in its principles and faith in the permanence of the institution by their enrollment. On the sixteenth of May three men and one woman, out of a class of six, *commenced* to be doctors. Of this class, two were graduates of german universities, and one from Yale College. Very delightful exercises commemorated their departure from the new college. The annual address was given by L. P. Mercer, D. D., the faculty address by H. W. Pierson, M. D. In the evening an enjoyable banquet was given by the faculty to the graduating class at "The Ashland."

With this satisfactory closing of the first year, the faculty and trustees commenced the work of a new year upon a very comprehensive basis and are already making their plans for the erection of an extensive hospital building upon the grounds adjoining the college building on the south. Some valuable additions are being made to the faculty and the baby college will open up its second year's work with a class ranking among the first homœopathic colleges in the country.

ITEMS OF INTEREST.

Dr. Edmund Carlton has removed from 53 West Forty-fifth street, to 62 West Forty-ninth street, New York.

Dr. A. L. Shapleigh, of Boston, starts in a short time for Tientsin, China, his future field of labor.

The Manhattan Life Insurance Co., of New York, are one of the latest converts to the policy of making no discrimination against homœopathic physicians by the appointment of Drs. E. H. Porter and St. Clair Smith upon the staff of their medical examiners.

Dr. W. B. Page, Class '96, Hering, has located in Kendallville, Ind.

Dr. Peter J. Latz, Prof. of Chemistry and Toxicology, Dunham Medical College, is spending his vacation in his old home, Cologne, Germany, and in the various Laboratories of Europe.

Dr. T. H. Hudson, of Kansas City, Mo., starts for Europe with a patient in a few days and will send some of his interesting letters to the HAHNEMANNIAN ADVOCATE. He will also represent the journal during the session of the International Congress at London. We bespeak for him a hearty welcome from the many readers of the ADVOCATE in the Queen's Domain.

Dr. M. A. Wesner, formerly of Houtzdale, has removed to Johnstown, Pa., the scene of the great flood in '89.

Dr. J. H. Bowers has changed his place of business from Riceville, Iowa, to Waseca, Minn.

Dr. L. V. Stranz, one of Dunham's graduates, has located in South Chicago.

Dr. J. E. Fitzsimons, Dunham '96, becomes associated with his able preceptor, Dr. A. R. Morgan, Waterbury, Conn.

ADDENDUM—DUNHAM MEDICAL COLLEGE.

Because of his intense desire for news, or *for some other reason*, the editor of the *Medical Century* allowed two errors to creep into the issue of June 1st. He says:

"Dunham Medical College, Chicago, was declined recognition by the State Board of Health, at its recent meeting, because of lack of clinical and hospital facilities."

No college in Chicago had greater clinical facilities. The reason was of a purely personal nature and will be rectified before the beginning of the coming session. He further says:

"It is known that two of them (graduates) at least were not considered qualified to enter the senior classes of other colleges last fall."

This is absolutely false, and does not possess so much as the shadow of substance upon which it might be founded. The doctor should be careful or he might be charged with malice.

Our Monthly Review.

“Meddlesome Midwifery.” I state below what is considered the imperative duty of every physician and at every labor:

1. By observation and palpation, satisfy yourself that the patient is actually in labor.
 2. Ascertain if bowels and bladder are empty; if not, empty them at once.
 3. Make a digital and bi-manual examination, and determine presentation, and relative size of head and birth canal.
 4. If abnormal or difficult presentation, try to correct it.
 5. Examine at regular intervals; if normal, to see that it stays so; if abnormal, to improve presentation if possible, and in either instance to note progress.
 6. If from failure of contractions, after dilatation of os, from great size of head, small size of pelvis, or other causes, delay seems dangerous, apply the forceps.
 7. Protect perineum; and if necessary, retard extra rapid second stage.
 8. Never allow the head to be retained long after delivery of body, in breech presentations.
 9. Always examine placenta carefully, and if portions are, or even seem to be detached, go after them at once. Observe absolute cleanliness throughout.
- All will agree on these points. Individually I approve of the use of chloroform to the degree of “obstetrical anæsthesia” in all cases, and also the skillful use of forceps in all difficult or delayed labors. Some differ on these points, however; but on those tabulated, I believe that every man who has used the term “meddlesome midwifery” before our society will admit that they are essential, and their neglect is and must be due to carelessness or ignorance, either of which is criminal in a properly qualified practitioner.—Dr. Brady, in *Virginia Medical Monthly*.

Significance of Vaginal Discharges. A leucorrhœa inodorous, or of mild odor, persisting during the climacteric, accompanied by increasing hemorrhage, is suspicious, and demands investigation.

A leucorrhœa profuse, of peculiarly fetid odor, grumous, excoriating, appearing early or late during the climacteric, with profuse hemorrhage, is reasonable evidence of cancer at the cervix.

A leucorrhœa moderate in amount, ill-smelling (the peculiar fetid odor of cancer of the cervix being absent) accompanied by hemorrhage, suggests cancer of the corpus uteri.

A leucorrhœal discharge with hemorrhage, containing material like the washing of meat, is said to indicate sarcoma.

A watery discharge, as a rule, occurring during menstruation, odorless or of little odor, persisting, accompanied by profuse hemorrhage, indicates fibroids; with little or no hemorrhage, polypi.

Profuse bloody discharges coming on gradually with declining menstruation, ceasing usually with the menstrual flow, point to fibroids.

Persistent profuse discharges of blood occurring spontaneously, arising from sudden exercise or coition, occurring as a rule after the menopause, indicate cancer.—S. C. Mish, in *Homeopathic Journal of Obstetrics*.

Chronic Diseases.—Hahnemann. The entire homœopathic profession are indebted to that publishing house, which is so thoroughly known wherever the influence of homœopathy has been felt, for the magnificent reproduction of Hahnemann's *Chronic Diseases* in the form of one large comprehensive volume of 1600 pages. The theory of the *Chronic Diseases* and the study of the means employed by Hahnemann for the correction of the same are thus given between the covers of one book. We note several minor changes in the translation from that appearing in the original publication, generally to the improvement of the work. In this about 150 pages are devoted to the consideration of the nature of the chronic diseases and practically for the first time many of the younger members of the profession are permitted to read Hahnemann's ideas upon this subject and at the same time to judge for themselves, with reference to the scientific accuracy of the theories therein presented. With reference to the main points in this theory the investigation of half a century have not succeeded in completely refuting these theories made public for the first time. With reference to the nature of Psora itself, a more satisfactory explanation may be given at the present time than the one entertained by Hahnemann. The one serious objection that can be raised to his theory is that he does not go back far enough to find his original, but taking a soil already susceptible to this influence as the result of the repeated violation of nature's laws he starts out with the assertion that healthy people not possessing this individual susceptibility may become infected the instant the miasm of itch touches any portion of the body, whether the skin be denuded or not, and that in this particular, psora becomes the most infectious and consequently the most impregnable cases have all forms of chronic diseases. Following this presentation of the nature of chronic diseases Hahnemann presents a complete record of all his so-called antipsoric remedies, which by the way differs very materially both in completeness and in character from his *materia medica pura*, furnishing a most valuable addition to our *materia medica*, because of its intimate association with the master mind of its founder. It is to be hoped that every member of the homœopathic profession will not only possess a copy of this invaluable work, but that they will burn the midnight oil if necessary in order that they may master its principles, because upon this is based the real factors which gave to the early followers of Hahnemann the wonderful success of the past. It is predicted and earnestly hoped that with the reproduction of this work the student in medicine will be prompted to a more faithful study and application of the principles embodied in the law of *similimum*.

Iris Versicolor. Mrs. L., aged 53, reported that she had recurring headaches regularly about every eight days for the past twenty years; passed climacteric period several years ago. About twenty-four hours before the headache commences she experiences a peculiar drawing sensation in right arm, which gradually passes into the shoulder, and the headache commences. Will be wild with pain for a day or two, experiencing considerable retching and

vomiting. Will feel exhausted for several days after headache subsides. After prescribing a number of remedies without results, I gave her iris versicolor. Improvement was immediate. Had no headache for three weeks, when there was a slight recurrence. Continued iris for several weeks and she has had no headache since (two years). She is now well in all respects. (Dr. A. F. Grob, in *Minneapolis Homoeopathic Magazine*).

Plumbum and Alumina in Constipation. There is some intestinal action, sometimes considerable, with plumbum. Lead colic is one of the effects of the drug. There is urging to stool, accompanied by a colic, with marked retraction of the abdominal walls. Stool passed with great difficulty and consists of little round balls which are black, dry and hard. There is a marked spasm of the sphincter ani, which is apt to be painful. The anus feels as if drawn upward. There is a loss of muscular activity with this drug, and diminished secretion of intestinal glands.

Alumina stands chief among remedies for constipation due to dryness of the intestinal tract. There is complete inertia of the rectum and the soft stool expelled with difficulty is explained. The stools may be hard and knotty, or may be soft. It is a most useful remedy in constipation of children, where the rectum is dry, inflamed and bleeding about the orifice. A dry mouth and an irritated looking tongue may lead to the selection of alumina. There is much straining with the remedy and the stool is passed in small quantities.—(Dr. W. A. Dewey, in *Medical Counsellor*).

BACKACHE REMEDIES. *Aconite* will be found especially helpful in plethoric women who have a bruised, sore, stiff back, pains as if beaten; worse after checked perspiration, after sudden fright or vexation. *Leucorrhœa* copious, tenacious, yellow.

Aesculus hip. Pain mostly in the sacro-iliac region with a dull weariness. Moving about causes the back to give out, and unfits one for business. Walking is almost impossible; the spine feels weak. You might expect to find an inflamed cervix, retroversion, prolapsus, great local tenderness with heat and throbbing. *Leucorrhœa* of a dark yellow color, thick, sticky and acrid. The sacrum, back, neck, head, chest, heart and abdomen all seem in sympathy with the rectum and its vessels. The patient generally worse from cold, washing in cold water and in winter; generally better in summer.

Belladonna. In this remedy the backache is usually accompanied with headache and fever; all the pains are worse from the least jar or motion. The pains in the back are sharp and shooting. The patient cannot lie, sit or stand with any degree of comfort.

Calcarea carb. Backaches and headaches of school girls, especially during the catamenia. There is mental anxiety with all the troubles. Have cured a number of cases of backaches in young girls who were disappointed in their little love affairs, all their mental disappointment seeming to go to their backs.

Causticum. The difference between this remedy and *bryonia* and *calcarea carb.* may be found in the general constitution. The pain is jerking, pulling, pressing, darting, gnawing in outside parts, more often in the small of the back.

Arnica is mostly indicated in traumatic cases, with a sore, bruised feeling all over.

Cocculus. A great deal of pain in the back as though menses were coming on, with drawing, lacerating, boring pains, sensitiveness of the spine to touch, pain worse on walking and stooping. The symptoms of this remedy are more often found in dark haired women who are of a changeable, hypochondriacal humor, and sensitive to slights and disappointments.

Nux Vomica. Cannot bear pain, is cross and irritable. The pain in back is burning, tearing, drawing or bruised character, with sudden stitches in the back on turning. Has to sit up in bed to turn. Pain in small of back as if bruised or broken; generally worse in the early morning.

Pulsatilla. The symptoms which are characteristic of this drug are as changeable as the winds. The pains are constantly flying from one portion of the body to another. Fine sticking pains in the back, stitches in small of the back, tense drawing pains in the loins, bruised pain in back while lying in bed, causing her to walk around. Usually better from gentle exercise.

Rhus toxicodendron. The typical pains are stiff, sore, lame, bruised, aching; better from motion, extended heat. "A violent pain as if back were broken." Uterine complaint resulting from exposure to cold, damp weather, from getting wet, particularly while perspiring.

Sepla. Has the labor-like pains which are felt chiefly in the back accompanied by a feeling that she must cross the limbs and sit close to keep something from coming out through the vagina. Pains in other parts of the body go to the back. Sudden pain in back as if struck with a hammer. Pains better by pressing back against something hard. The backache causes nausea and a faint feeling when standing. Spine tender to the touch.

Sulphur. Patient is stoop shouldered. Does not walk erect. Has pain if she straightens up. A gnawing, tiresome, sprained pain. The stiff backs of indicated sulphur are always worse before a storm.—(Dr. J. E. Tremaine, in *The Clinique*).

Reflex Spasms in Children. In a perfectly healthy child, digestion is carried on with so little apparent effort that we scarcely ever call to mind the intricate machinery set in motion whenever the proper food stimulus is taken into the stomach. Food is the stimulus which causes the normal reflexes which are concerned in the processes of digestion. So long as the stimulus is natural and the child entirely healthy nothing is likely to occur other than normal, healthy digestion; but let these conditions be changed and an entirely different series of phenomena will arise. Introduce into the alimentary canal of a strumous child, inheriting a highly sensitive nervous organization, food that is irritating and too hard to digest and the extra stimulus will either cause a reverse peristalsis and the food will be rejected, or the reflexes will become disorderly or spasmodic, and there will be general convulsions. These latter are not to be confounded with convulsions of the brain, where the cause of the convulsion is centric or direct, instead of peripheral. Children of syphilitic parents, or drunkards, excessive tobacco users, are much more liable than others to these seizures. Damp, poorly ventilated apartments, lack of proper food and clothing, render the individual much more liable to attack by lessening his resisting

powers. More than nine-tenths of the spasms of children are of reflex nature. They are almost always bilateral, while those from diseases of the brain are more liable to be unilateral or to involve isolated parts. The former are often attended with high fever, while with the latter the fever is slight.

One of the most potent causes of infant reflex eclampsia is indigestible food. The food cannot be easily assimilated and instead of causing the normal reflexes of digestion, the nervous system is irritated or over-stimulated, and cause the general convulsions so often found in young children.

The immediate treatment of such cases is very important. The relief of the spasm is the demand of the parent and delay will not be tolerated. The offending particles of undigested food must be removed from the alimentary canal as soon as possible. The easiest way to accomplish this is to move the bowels with a full and copious enema—using olive oil if you like, and hot water. Kneading the bowels with the hands will assist in increasing the amount of water a child can take, as well as loosen up the lodged particles of indigested food. The treatment after the spasm has ceased is comparatively easy. All foods likely to cause irritation must be prohibited. The first and most important remedy in cases of abdominal irritation is China. Given under the proper indications it acts with great celerity. When it is indicated the sleep is restless; the child wakes startled or in a fright many times in the night, much like belladonna, with the difference that the china patient jumps up in a fright and it takes it some time to know what it is about or to really get awake. The belladonna patient is wide awake the instant the fright comes. With china it seems to come as a dream, while with belladonna the cause seems external. The china patient frets all day, while the belladonna patient sleeps or is drowsy. The china patient may have a frothy, fetid, yellow diarrhoea with pain in abdomen. They may be vomiting with either remedy. The china patient will frequently turn white around the mouth, while at the same time the cheeks, one or both, may be very red.

In belladonna the fever is very high and does not rise and fall so suddenly as is often the case in china. The least noise will startle the patient. The fever will last all day and most of the night, or longer. The pupils are widely dilated; the conjunctiva injected and there may be trouble in swallowing.

Nux Vomica is an important remedy in these conditions. The cases to which it is especially adopted have their origin in dietetic irregularities. For some time before the seizure, the child complains that the food hurts it after eating. Cross and willful; disposed to fight rather than whine. Constipation, with frequent and ineffectual desire for stool.

Chamomilla is indicated when the child is fretful and desires to be carried all the time. The diarrhoea is usually green with white undigested pieces in the stool. Poor appetite. Aggravation at night.

Calœrea carbonica is useful supplementary to belladonna after the acute stage has passed. Sulphur, bryonia, and many others may be indicated, but those above are more frequently indicated than any others.—(James T. Martin, M. D., in *Pacific Coast Journal of Homœopathy*).

Dr. J. P. R. Lambert, in *Revista Homœopática*, directs attention to the value of Rumex in laryngeal cough. The cough is irritating, dry and spasmodic, appearing in paroxysms. It is provoked by a sense of tickling in the sternal notch, or in the middle or lower portion of the tube. It may be brought on

from lying down or from turning from the back to the side, or passing into the open air. Its principle characteristic is a tickling beneath the sternum. The remedy also acts upon the skin, determining an intense pruritus which is especially noticed on undressing at night. It may be accompanied by an eruption of small papules. Many remedies have a similar action in coughs, especially hyoscyamus, phosphorus, causticum, conium, lachesis and veratrum album.

Conium has similar characteristics, but the cough is more severe, and worse when the patient retires.

Under causticum the patient complains of not being able to cough with sufficient force and it seems as if a deep inspiration would clear the bronchial tubes of the abundant mucus which obstructs them.

In lachesis there is characteristically a great sensitiveness on pressure to the outside of the larynx.

Phosphorus produces a tickling in the larynx, yet its action is expended upon the pulmonary parenchyma and the bronchioles. There is a sense of constriction of the chest which is absent in rumex. It also has an abundant expectoration, and though the provings of rumex only show a scanty expectoration, yet it might be of service in the characteristic cough with profuse sputa.

A characteristic symptom of rumex is a sensation as of a thread hanging down into the throat, with a painful zone extending down upon the left side of the sternum.

Magnesium Phosphoricum as an Anodyne. W. Theophilus Ord, M. R. C. S., in the *Journal of the British Homœopathic Society*, in speaking of the anti-neuralgic properties of the drug, runs rapidly over the general indications, with special reference to nerve and pain symptoms. These we will find to stand up in bold and striking relief from the rest. The leading mental symptom of the drug is sobbing and lamenting about the pain; also a strange physical restlessness exhibited in a tendency to carry articles about aimlessly from place to place. This symptom is said to occur under no other drug in our materia medica. The head symptoms embrace a variety of neuralgic pains in almost every nerve. Headaches are described as darting, stabbing, shifting, intermittent and spasmodic, always relieved by hot applications. Pains worse after mental labor. There are also similar pains from top of head down the spine, worse between the shoulders.

Under *eyes*, we have orbital and super-orbital neuralgias, worse on the right side and relieved by external applications of warmth—the site of pain (usually where the nerves leave their bony orifices in the skull) being excessively tender to touch. We have also lachrymation, photophobia with contracted pupils, ptosis and twitching eyelids.

The *ears* show neuralgic pains, worse in cold air and by washing face and neck in cold water. Of the *face*, every branch of the fifth nerve is in pain. Pains on right side from intra-orbital foramen to the incisor teeth; they gradually radiate over the whole face, are worse by touch, cold and motion of the jaws. The teeth are very sensitive to cold and touch. Toothache is worse on going to bed, better by heat and hot fluids. Severe pains in decayed and filled teeth.

One of the chief gastric symptoms is a nerve affection, *i. e.* hiccough. There is also gastralgia with a clean tongue, relieved by warmth and bending double. In the abdomen there is severe colic, with flatulent distention, relieved by

pressure, rubbing and warmth. The stools are the watery diarrhœa, forcibly expelled, with dysenteric and cramplike pains, common to all the magnesium salts. There is retention of urine from spasm of neck and bladder.

Under female genitals we have ovarian neuralgia, worse on right side, menstrual colic in which pains precede the flow, with great relief from heat. Also vaginismus and membranous dysmenorrhœa.

In the respiratory sphere occurs spasmodic nerve cough, said to resemble whooping cough—the leading circulatory symptoms being nervous palpitation, with spasmodic pains suggestive of angina pectoris.

The back symptoms are chiefly neuralgic pain all down the spine, which is very sensitive to touch; also intercostal neuralgias, especially sciatica—all pains being worse by cold, unusually worse after going to bed, and always better by warm application and firm pressure.

I believe we have no remedy in our whole materia medica which presents such a picture of neuralgia, and this is why magnesium phosphoricum may be expected to take the first place as an anodyne in the homœopathic practice of England, as it has already done with our American brethren. The indications for its use are, especially clear and well marked, and the pains produced in the different nerves affected have all the same characteristics. There is, perhaps, a partiality for the right side of the head and face; otherwise all sensory nerve tracts seem equally influenced by the drug. The leading indications are evidently relief from warmth and pressure, with aggravation from cold at night. There is tenderness over the affected part; the pains cause mental distress and seem unbearable. There is plenty of evidence in the provings of magnesium phosphoricum that it has a specific action on muscular tissue, especially in unstriped muscle, causing painful spasms of heart, uterus, intestines, bladder, and possibly of the voluntary muscles as well.

The opinions of one or two whose names are well known, may be of interest. Dr. Timothy Allen tells us the drug has been found particularly valuable in neuralgias of the forehead, especially supra-orbital. Dr. Dewey recommends it in the types of neuralgia I have indicated, and also in colic, dysmenorrhœa, whooping cough, chorea and writer's cramp. He points out that the patients for whom it is indicated are always languid and exhausted. Dr. Kent compares magnesium phosphoricum to *colocynth*, which has the same kind of pains—tearing, cutting and terribly neuralgic. He verifies the indications given for magnesium phosphoricum, and thinks that, like *colocynth*, it especially affects the nerve sheaths. Dr. Shannon claims a specific action for it in diseases having their seat in the nerve fibre cells, or in the terminal bulbs of the nerves in the muscles, and perhaps on muscular tissue as well. He confirms the visual indications and adds that neuralgia at night, with freedom from pain all day is a special indication for its use; also that the pains are often accompanied by constrictive feelings. Dr. Guillon recently mentioned a case of left side neuralgia affecting the lower jaw, also frontal, and involving the whole left side of the head to the nape of the neck, of an intractable type, which was rapidly cured by magnesium phosphoricum 6x. Dr. Wingfield, of Birmingham, recommends it in toothache when non-inflammatory, also in left side neuralgia, with pain over temple.

It may strengthen our interest in magnesium phosphoricum if I remind you that the other well proved salts of magnesium have long enjoyed a reputation

for the treatment of neuralgias. The carbonate is especially useful in the toothache of pregnancy, and, according to Allen, it produces a general tendency to neuralgic pains, with aggravation at night. Also in facial neuralgia, worse by touch and cold draughts, with tendency to move about and inability to remain in bed, the carbonate closely resembles the drug we are considering. Magnesium muriaticum also has proved useful in neuralgias of the head and around the eyes, worse by motion and fresh air; better by pressure. We can well understand, therefore, why magnesium in combination with phosphorus—the essential nerve food—should have so specific an action in nerve tissue as the symptomatology I have outlined to you suggests.

Seeing that neuralgia has usually a pathological cause, due to debility, mental strain, exposure, etc., which originates the morbid nerve state, I often prescribe some other remedy, if clearly indicated, and give a few powders of magnesium phosphoricum to be taken intercurrently as may be required by the pain. In this case the drug is employed as a homœopathic anodyne, the other remedy employed being intended to act constitutionally and to prevent a recurrence of the pain. Theoretical exceptions may be taken to this method, but it has the practical advantage of success.

Criminal Abortion and Merciful Murder. In married life, only where the life of the mother is in danger, or where the child is likely to bear a life long diseased body, should abortion be considered. In cases of seduction, where the thoughtlessness of youth is matched against the forces of passion and the blandishments and arts of the man, it is not wonderful that there is an occasional fall; in fact, it is wonderful that they are so infrequent. It is the privilege of the male animal to be always aggressive, always inviting the act, always clear of the burden of the consequences. With these disadvantages it is wonderful that so few girls do yield. The reason is that the burdens all fall on the female. She must for months carry the undeveloped offspring. Generally her health suffers from the changed physical state, and always there is physical discomfort for months towards the last part of gestation.

When the infant is born, the health impoverished and the whole system suffering from severe tension, both mental and physical, the work of the female is only begun. The care of the most helpless of offspring is dependent upon the mother. It is a care so constant, so impossible to neglect or avoid, that it will stand like a mountain in the path of the woman to turn her from the act that brings such a burden. Nor is this all, the law so regards her that she is obliged to take the sole care of the child. If she does not, she is liable to punishment as a criminal. She may not place the child in the arms of the man who is as much its legitimate author as is she, and say, "I have had my share of suffering, burdens, care and anxiety for our common act; now, when you have matched me in this, I will again care for the child." If the male in his freedom has not fled the country, the most he can be compelled to do is to contribute to the support of the infant and the amount he is made to contribute is always ridiculously insufficient to repay the female. Add to this the opprobrium that attaches to the woman, and the almost entire escape from it by the aggressive party, and you have a heaping of indignities, suffering and shame, that may well terrify the most stupid girl. And the child, innocent of it all, must carry a burden all its life, from which the only escape is ignorance of the facts. The tendency of

children under such circumstances is strongly towards vice, and it is natural it should be.

What, then, is the objection to ending at first, without pain, without consciousness, a life that will inevitably be a burden to others and to himself? The first reason is sentimentality. Often a mixed, maudlin, obscured combination of prejudice, ignorance of the natural laws of society and of the natural universe. This talk of the immortal soul of undeveloped fetuses is a maudlin fancy. What right have we to continue a life that is blank and white now, until it has become stained, sorrowful and criminal? This is one phase of so-called criminal abortion in which I fail to see the criminality. Though I have occasionally in my earlier practice been prevailed upon to yield to the justice of common sense, for the past few years I have deemed it safer to abide by unrighteous laws than incur the trouble of combating them.

Will any one show the humanity or the righteousness of allowing a human being to suffer when a dumb animal would be mercifully placed beyond the reach of suffering? Why should a man or woman be compelled to drag out miserable weeks and months under the excruciating torture of cancer? Is there anything desirable in such days of torment which tend to an inevitable result? Why should an idiot be allowed to wear out the years and happiness of a whole family? Finally, in a society that assumes the power to murder a human being for crime, where is the wrong of murdering a human being for his own good? Why should judicial murder be thrust upon the man who prays to live, and be denied the man who prays for death.—(M. W. Van Denburg, A. M., M. D., in *Minneapolis Homœopathic Magazine*).

Chronic Coffee Intoxication is more common than generally supposed, and is generally confounded with alcoholic disturbances. The poison acts principally on the stomach and the nervous centres. The coffee dyspepsia resembles very closely the alcoholic. The symptoms are morning expectoration of mucus, pain in the epigastric region and marked anorexia. The disgust for food finally becomes so great that the patient can only take coffee or bread soaked in coffee. Nausea and vomiting next appear and the patient becomes much emaciated. A slowing of the pulse is usually observed, palpitation being rare.—(*Gazette Medicale de Paris*).

Bromine in Laryngismus Stridulus. There are in this perplexing condition often alarming looking symptoms. There is a sudden closing and often œdema of the glottis, the child turns blue and is convulsed. It may come on when teething as a result of the thymus gland, or in the course of croup when the inspiration is exceedingly difficult. Relief for a while from a drink, which seems to quiet the spasmodic action. Rattling of much mucus in the bronchia might make one think of antimonium tartaricum, but the author uses bromine.—(L. C. McElwee, M. D., in *Southern Journal of Homœopathy*).

Pyrogenium in Varicose Ulcer. In typhoid conditions it has been of unquestioned efficacy; but the most remarkable results were with five cases of varicose ulcer, which healed quickly under its use.—(Dr. J. S. Hunt, in *Homœopathic World*).

The Hahnemannian Advocate

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Materia Medica.

ANALYTIC STUDY OF ARSENICUM.

EDWARD FORNIAS, M. D., PHILADELPHIA.

NERVOUS SYSTEM.

1. NERVOUS CENTRES.—The pyrogenic agents, which, absorbed into the blood act on the thermic centres, giving rise to the fevers indicative of this drug, are known to be derived from the marsh-miasm (protozoon), from other occult sources (bacteria), and from local inflammatory foci (toxin, etc.). In other words, the *Arsenic fevers* are, either *specific*, due to the introduction of a specific poison into the system, or *symptomatic*, dependent on acute local inflammation, or occurs in connection with persistent purulent discharge, as that met with in phthisis; and in their evolution they exhibit a continued, remittent, or intermittent course, *periodicity* being the most striking feature. More or less, they are all attended by great restlessness and anxiety (*Aconite*), insatiable thirst, hyperthermia, sudden sinking of the forces, prostration, and progressive emaciation. The chief representatives of the above classifications, are: 1). The *malarial intermittent type*, characterized by violent, long-lasting, principally incomplete paroxysms, the one or the other stage being absent, or feebly present, and by intermissions, which rarely, if ever, are entirely clear.—2). The *ataxo-dynamic type of low, continued fever*, principally *typhoid*, characterized by a mixture of erethism and depression.—3). The *inflammatory type*, attending active

inflammation of the various organs and tissues of the body (stomach, bowels, liver, spleen, glands, etc.), characterized by malignity, decomposition, and even destruction of the parts involved.—4). The *hectic type*, intermittent or remittent, usually associated with chronic suppuration and wasting disease, and characterized by abolition of nutrition, colliquative discharges, and progressive loss of force and flesh.

2. DISORDERS OF SENSATION AND MOTION.—The febrile process, which is always intense and protracted, is ushered in with chills or rigors, due to spasmodic contraction of the cutaneous vessels from shock, and as in *Gelsemium*, usually unattended by the motor symptoms of shivering, shaking and chattering of teeth. Shuddering is present when walking in the open air. In periodical paroxysms the chill is irregularly developed, never clearly defined; simultaneously, or alternating with the heat, and ameliorated by external warmth. The chill may be internal, with external heat and flushing of the cheeks. The fever heat, in all cases, is intense, long lasting, dry, burning, and pungent to the touch, with inclination to uncover, and insatiable thirst for frequent and repeated small quantities of cold water, which may, however, disagree. There is a general feeling as if hot water were poured over the body, or as if hot water flowed through the blood vessels, preventing sleep. The heat may be followed by sweat, but usually it continues through the entire paroxysm. Other important sensory phenomena are: *burning in internal and external parts*; tearing pains in the tracks of various nerves, appearing periodically, and pressing burning pain in the splenic and hepatic regions. Less common are itching, gnawing, biting, etc. The headache is not characteristic; in fact, the action of this drug on the head is far from striking, and we have to depend for its selection on the general symptoms. An important and almost constant motor disorder accompanying the fever of *Arsenicum* is a *persistent nervous restlessness*, which is always associated with extreme anxiety and prostration, and cannot be calmed by rest in any position. A localized expression of this distressing erethism is an extreme nocturnal uneasiness in the lower limbs, which drives the patient out of bed in despair, and from place to place for relief. Trembling, violent starting, jerking of the muscles, and even spasms, are not uncommon.

3. MIND AND SENSORIUM.—The leading expression of the *mental disorder* produced by *Arsenicum*, is an extreme anxiety,

sometimes amounting to frantic desperation, always attended by unremitting restlessness, which increases as the night advances, and cannot be quieted by any posture or motion. The patient, however, is not only restless, despairing and anxious, but dreads death, especially when alone, or on going to bed. Associated with these symptoms of irritation, we may find others of depression, for occasionally he is indifferent, or sad and tearful, and on account of his suffering inclined to commit suicide. The *sensorium* becomes excited, and even perverted, its functions are withdrawn from the influence of the will. If delirium is present, it is always full of anguish and distress, sometimes violent, but more frequently muttering. When delirious, the patient may labor under hallucinations and delusions. He sees vermin, throws away bugs by the handful; imagines having formerly offended others, whom he is averse to meet; he complains of imaginary financial losses, thinks he will have to die, with his family, from starvation; cannot be consoled, walks about, wringing his hands, and moaning; cannot find rest anywhere, goes from one bed to another, he is constantly on the go. Oftentimes he is in the dorsal decubitus, perceives nothing, complains of nothing, and there is a tendency to stupor and delirium. In fact, as a result of the profound prostration of the nervous system, the typhoid state supervenes.

4. SPINAL CORD.—Congestion of the lower portion, which may become so affected as to produce symptoms of impeded functional activity, amounting in some cases to positive paralysis. Cramps and contractions in the paralyzed limbs are common, but more common still are neuralgic pains, of a tearing, burning character, in the tracks of various nerves, and these pains are almost always associated with a sense of uneasiness in the lower limbs and the most extreme anxiety, which impel the patient to change position of feet constantly, or to walk about to get relief. The weakness and exhaustion of the limbs may, however, be so excessive as to oblige him to lie down, but even then we will find present evidences of that irritability of fibre, so characteristic of this drug. Formication and burning are usual sensory phenomena, the former along the whole spine, the latter rather confined to the lumbar and sacral portion. In the motor sphere, other symptoms of importance are: tremor, trembling, twitching, sudden starting, jerking of the muscles, and loss of power in the

small of the back, with great weariness of the legs. Very rapid sinking of strength.

VASCULAR SYSTEM.

5. CIRCULATION.—*Arsenic* acts on the blood life with unfailing force and in the most profound manner. The alteration is both quantitative and qualitative, and the phenomena observed, are, on the one hand, those of congestion and inflammation, on the other, those of contamination and deterioration. Under the abnormal distribution of this vital fluid, we find regular gradations from slight acceleration of the flow to the most violent febrile storm, and from simple congestion to destructive inflammation. The phenomena developed during the destructive work of this drug on the blood, bear striking resemblance with those provoked by febrile conditions, sprung from the most malignant influences, such as marsh-miasm, bacteria, toxin, or purulent material. Clear evidences of the deterioration and disintegration of the blood, are found in the hemorrhages, ecchymoses, petechia, exanthema, serous effusion, dropsy, and anæmia, as well as in certain changes which the solids of the body undergo, emaciation, bed-sores, ulceration, gangrene, phagedæna, degeneration, etc. The *vascular excitement* is always attended by the most distressing erethism, which persists after the vital forces have been lowered to the utmost, and may still be evident in the last stage of the disease. In fact, the increased nervous irritability holds equal pace with those grave symptoms derived from the altered condition of the blood.

6. HEART.—Besides the disturbances created by the fever in the pulse and respiration, this drug perverts the action and exhausts the muscular power of the heart, producing regular progressions from impeded functional activity to inflammation of its substance and encasing membrane, with subsequent dropsical effusions, valvular lesions, eccentric hypertrophy, and even fatty degeneration. The usual attendants of impaired cardiac action and organic disease, found under *Arsenic*, are: palpitation, pain, weak cardiac contractions, dyspnœa, precordial distress, sense of impending death, inquietude, cyanosis, cold sweat, fainting, vertigo, irregular pulse, œdema, anasarca, and albuminuria.—The *palpitation* is tumultuous, visible and audible, with great anguish, especially at night, when lying on the back, or on ascending.—The *pain* comes in spells, is cardiac or precordial, agonizing, radiating into the arms, principally into the left, with

tingling in the fingers, and there is apt to be some burning around the heart, and inability to lie down, to move about, to breathe, or walk against the wind, without much suffering.—The *weakness of the cardiac contractions* breaks up the equilibrium between the lowered arterial and the raised venous pressure, and as a result we have venous stagnation in the liver, kidney and brain, pulmonary and malleolar œdema, anasarca, effusion into the serous cavities, diminution and alteration of certain secretions (anuria, albuminuria), subdelirium, dyspnœa, and subicteric coloration.—The *dyspnœa* is extreme, paroxysmal, worse at night, particularly after midnight, or on lying down, and due either to impeded circulation, which renders hamatosis insufficient by congesting the pulmonary capillaries, retarding the flow of blood, and hindering the entrance of air into the pulmonary cells, or to accumulation of serous liquid in the chest, which diminishes the pulmonary expansion, and may interfere with the function of the diaphragm.—The *cyanosis* is due to venous and capillary engorgement, and mal-æration of the blood, and when persistent may be associated with valvular disease.—The *fainting* is usually in spells and due to aortic insufficiency, to fatty degeneration of the myocardium, or to cessation of the arrival of sufficiently quantity of blood to the brain, as in anæmia.—The *vertigo* is principally due to sudden variations in the blood-supply, and is a common attendant of eccentric or dilated hypertrophy.—The *pulse* is quickened and depressed in proportion to the rise of temperature, and its characters are variously modified, particularly so when the heart becomes organically affected. It may be rapid and small, rapid and weak, or intermittent, and in advanced adynamic conditions is almost imperceptible or thread-like.—The *œdema* commences about the feet and ankles, and may extend upwards (anasarca); it is, in great part at any rate, mechanical, due to obstruction to the return of blood from the part affected.—The *albuminuria* seems to be due to renal congestion.—The *restlessness*, precordial distress, sense of impending death, and cold sweats, are usual concomitants of all those forms of perverted cardiac action, with violent palpitation and acute pain in and about the heart.

RESPIRATORY APPARATUS.

7. RESPIRATORY ORGANS.—Disturbance of the nervous centres in the medulla, which preside over the respiratory mechanism

and the blood-supply of the lungs, should, in some measure, be held responsible for many of the symptoms we are about to consider. At any rate, for the various gradations of difficult breathing indicative of this drug, we must inculcate first the pneumogastric, then obstruction to the circulation, and the spasmodic element, *per se* (spasm of the respiratory and of the bronchial muscles), should not be forgotten. Moreover, *Arsenic* produces spasmodic contraction of the bronchial muscular coat, and engorgement, with tumefaction of the respiratory mucous tract, conditions necessarily leading to obstruction in the finer bronchi, which is regarded by many as the immediate cause of those *violent attacks of suffocation*, called *asthmatic*. Under this drug we find shortness of breath of different degrees of intensity and duration: oppression, dyspnœa, orthopnœa, and apnœa. Orthopnœa is said to exist when the derangement of the respiratory function is so great that the sufferer cannot lie down, but can only respire in the erect posture; in which position greater freedom is allowed for the expansion of the chest, and all pressure upon the diaphragm by the abdominal viscera is removed. Apnœa, on the other hand, means interrupted or suspended respiration, leading to asphyxia, or pulselessness. No matter in what degree of intensity the shortness of breath may be present, it is more or less attended by anxiety and nervous irritability, and in the more severe cases, by a sense of oppression and constriction of the chest and trachea, with wheezing respiration, cyanosis, cold sweat, fear of death, and great exhaustion. Such conditions may be associated or followed by cough, with frothy expectoration, or sputa composed of small pieces of mucous mixed with blood. The dyspnœa may be paroxysmal, intermittent, periodical, and always worse at night. Sometimes the nocturnal attack is so fearfully intense, that the patient springs out of bed in distress, scarcely able to breathe, adopts the sitting or erect posture, with the shoulders raised and fixed, the chest inclined forward, the head thrown back, and the mouth open, and all the extraordinary muscles of respiration are brought into play. The face wears an aspect of terror; the skin is pale and dusky, and often bedewed with sweat; the extremities are cold; and the pulse is small and quick. In fact, a true picture of severe asthma, which if persistent and unchecked, is very apt to lead to emphysema, just as emphysema may lead to hypertrophy and dilatation of the right side of the heart, and general venous congestion.

MUSCULAR AND GLANDULAR TISSUES, ETC.

8. TISSUES CHANGES IN NUTRITION AND SECRETION.—*Arsenic* alters with marked effect the metabolism of the body (progressively or retrogressively), as shown by the retention of water in the system, the diminution and alteration of certain secretions, anæmia; dropsy, albuminuria; and such structural changes or cell-transformations, as inflammation, ulceration and mortification, and atrophy, hypertrophy, and degeneration. The most marked of these metabolic changes, however, are the wasting of the body and the vitiation of the blood (emaciation and anæmia). The diminished elimination of water is evinced by the scantiness of all the excretions (saliva, vomit, stool, urine, sweat, etc.), by the dropsical swellings, from mere puffiness to anasarca, and by the dryness of the skin and mucous membranes, and probably these facts explain the unrefreshing thirst, the dryness of the mouth, the white coating and morbid redness of tongue, the woody, insipid taste, the loss of appetite, the nausea and qualmishness, the fruitless retching, and the enteric irritation and tenesmus.

DIGESTIVE CANAL.

9. DIGESTIVE ORGANS.—The symptoms developed in the alimentary canal are very prominent. The *mouth* is extremely dry, with intense thirst, especially for frequent small quantities of water, probably on account of the intolerance of liquids, which are rejected as soon as taken; and there is a periodical, jerking toothache, extending to the temple, relieved by external warmth and by sitting up in bed.—The *tongue* is also dry, as if burnt, coated white, brown, or morbidly red, with raised papillæ; is sometimes deprived of sensibility, or very painful, the pain being of a burning character, principally at the tip, which may also be excoriated. The alteration of the gustatory sense comprises a woody, insipid sour, bitter, metallic, or putrid taste, and may be sweetish in the throat.—In the *throat*, dryness, burning, soreness, and sensation of constriction, with difficult swallowing, are common phenomena; the dysphagia, however, may depend upon paralytic condition of the pharynx and œsophagus.—In the *stomach* the most important symptoms, besides the burning pain, are nausea and vomiting; the nausea may recur periodically, occurs in conjunction with great weakness and anxiety, and is worse by motion; the vomiting requires great

effort, takes place immediately after food and drink, is scanty, as are all the excretions of this drug, and, as with the stools, always followed by great prostration; it may be watery, whey-like, bloody, black, or of a grass-green mucus. The appetite is altered or lost, when altered, there are cravings for alcoholic drinks, acids, coffee, or milk, when lost, there is aversion to solid food, or increased thirst. Though the thirst is violent, water always disagrees, undoubtedly due to gastric irritation. Leading characteristics of many gastric derangements are also, weight and pressure in the region of the stomach, distressing heartburn, abortive eructations, fruitless retching, intense heat and burning in the pit of the stomach, great epigastric distress, and sense of impending death.—In the *liver* and *spleen* we observe induration and enlargement, and these structural changes are usually attended by burning, tensive, drawing, pressive, stitching pains, chiefly in and about the spleen.—In the *abdomen*, the same burning pains and distress predominates, the feeling is sometimes like coals of fire, at other times the pains are of a cutting, crampy character, and there may be painful distension. All these acute states are here, as elsewhere, always accompanied by extreme anguish and despair, and great restlessness and tossing, the patient being unable to find rest or relief in any posture. If ascites supervenes, with the inquietude and anguish we will find associated, fainting, suffocative spells, and unquenchable thirst.—In the *bowels* the irritation is marked, and the increased peristalsis is preceded by restlessness, anxiety, and burning pain, attended by vomiting, burning pains along the intestinal canal, and tenesmus, and the evacuations, whether scanty or profuse, are always followed by burning in the anus, and debility. When the purging is prolonged, we may have in addition, trembling, palpitation, icy coldness of the limbs, wasting, and prostration. The *stools* are of variable character; they may be painful or painless, watery or slimy, whey-like or bloody, black or green, acrid or offensive, and as a rule, scanty.

MUCOUS MEMBRANES.

10. IRRITATION, CONGESTION, INFLAMMATION, ULCERATION, SLOUGHING, GANGRENE.—Scanty exudations.—Catarrhal and non-catarrhal affections, from slight irritation to destructive inflammation, the usual general attendants being fever, chilliness, headache, unquenchable thirst, dryness, dry cough, constriction,

dyspnœa, cyanosis, anxiety, nervous restlessness, muscular soreness, great debility, rapid sinking of strength, fainting, collapse, cold sweat, and wasting, but the *burning pains* and *excoriating discharges* are the universal expressions of the action of *Arsenic* on the mucous tracts. These two important symptoms, conjointly or separately, are found associated with photophobia, tumefaction and œdema, in the *eye*;—with sneezing, suffused eyes, throbbing headache, tumefaction, sore lip, ulcers, bleeding, and scabs, in the *nose*;—with swollen tongue, painful blisters, aphthous ulceration and gangrenous tendency, in the *mouth*;—with soreness, constriction, dysphagia, plastic deposit, ulceration and gangrene, in the *throat*;—with heartburn, fruitless retching, nausea, violent vomiting, cramps, and epigastric weight heat, and distress, in the *stomach*;—with painful distention, cramps, vomiting, watery purging, and soreness, tenesmus, ulceration, and hemorrhages of dark, offensive blood, in the *bowels*;—with constriction, whistling, oppression, asthmatic breathing, tickling, dry fatiguing cough, ulcerative condition, and bloody spots, in the *larynx*;—with frequent urging and spasmodic difficulties, in the *urethra*.

SKIN.

11. CUTANEOUS TRACT.—Dryness, Squama, Vesicle, Induration, Inflammation.—As in the mucous membranes, the ascending degrees of the inflammatory process, includes ulceration, sloughing, and mortification.—œdemata of the derma and subcutaneous tissue, especially in the lower extremities, is another common effect.—The eruptions indicative of this drug are chiefly of the squamous and vesicular type, and are usually attended by great dryness and smarting pruritus.—The detachment of the epidermis, almost always shows a tendency to ulceration, and the ulcers when formed, discharge an ichorous, offensive pus, and may present a gangrenous aspect.—Sometimes, circumscribed portions of the skin and subjacent tissues become severely inflamed, with infiltration of unhealthy lymph and sloughing (anthrax).—At other times, ulcers already existing become inflamed, very sensitive and slough. Such variety of ulceration is commonly accompanied by a good deal of heat and pain, and constitutional disturbance, and indicates ill-health from some cause which depresses the system and vitiates the blood.—Still yet, in consequence of the deterioration of the blood-life, we may observe small extravasations from the capill-

ary nets (petechiæ).—Again, no inflammatory process exists, and the parts simply wither, or become mummified, as in dry gangrene.—Lastly, due to imperfect metabolism, the skin, like the muscles and fat it covers, is poorly nourished and wastes, and the alteration thus resulting, presents a parchment-like appearance, without disturbance of sensation.—All solutions of continuity indicative of *Arsenic*, are attended by biting, lancinating, but principally burning pain, as if red hot coals were laid upon them; by nocturnal aggravation, and by irritability of mind and body. They are apt to discharge an excoriating, dark sanious matter, or to bleed very readily.

PROGRESSIVE MUSCULAR ATROPHY—PHOSPHORUS.

PRONOUNCED INCURABLE BY EMINENT NEUROLOGISTS,
EXAMINED, TREATED AND CURED BY HOMŒOPATHY.

T. F. ALLEN, M. D., NEW YORK.

A young married woman who is a good *comrad* to her husband, an athlete, has been in the habit of entering into all his out-of-doors sports, *golf, hunting, shooting*, and, especially during the past summer, *swimming* (long distances), complained of pains in her right shoulder which increased until her arm became helpless; the muscles about the shoulder and right side, chest and back wasted, so that the whole region became perceptibly emaciated, the sub-clavicular region especially, sunken; the shoulder drooped, and if the arm were permitted to hang down the head of the humerus would actually slip down out of its socket, often causing extra pain in the axilla and shoulder; it became impossible to put the hand to her head so that she could not put up her own hair, nor could she dress herself. The wasting and powerlessness involved at last the whole shoulder region of the right side of the body, pectoral, scalpular, and axillary regions, and the arm, as far as the elbow. Soon the trouble invaded the forearm, and also began to show itself in the right hip and thigh. Eminent specialists were consulted, electricity, galvanism, massage, and many other injurious expedients were recommended and tried with steady decline, and the husband was told that the disease could not be and had never been arrested. Finally, after the recovery of the husband's mother (in the house of an allopathic physician, who was her son-in-law) from Pneumonia, complicating chronic interstitial nephritis, the husband of my

patient, who had been informed by the attending and consulting allopathic physician that his mother could not recover, appealed in despair to me to try homœopathic treatment for his wife. The symptoms of the case were as follows: Pain in the right shoulder extending from the top down the arm to below the elbow. This pain was a constant dull ache, becoming, on motion, a sharp shooting; the pain was worse at night; in a wind; in the cold; on uncovering; and when lying on the right or painful side. There was a feeling of powerlessness. (She could not raise the arm to her head, nor could she dress herself).

How is a remedy to be selected? No cases, cured, are on record, so that clinical data are wanting. No drug has been known to produce such a condition, in its pathology (if there be any satisfactory pathology known), the etiology is obscure; only symptoms can come to the rescue.

Jan. 4.

A prescription was made.

Jan. 22.

The record states decided improvement, very little pain, can now lie on the right side with comfort, which, for months, she has been unable to do.

Feb. 15.

Continued gain; the shoulder does not any more slip out of joint as formerly; she is a trifle fleshier now, over the right pectoral and shoulder regions.

Feb. 28.

Can dress herself; (a great gain, naturally noticeable in the household economy); the arm gets tired only after use, but not immediately after; is growing perceptibly stouter.

March 2.

Complaints of drawing pain in the front of the right hip and thigh, finds it difficult to go up stairs on account of this pain, which has been getting worse for a week past, the whole right leg feels heavy and weak.

Calcareo carb.

This prescription was effective, at once, as to the lower extremity, but it was followed by aching in the forearms and palms of the hands after any attempt to use the hands or arms with occasional pains about the elbow.

Return to first remedy.

March 30.

Great improvement, uses both arms freely now without pain, no pain at night, is able to lie on the right side without any discomfort.

Since that time there has been no return of the former troubles; an occasional disturbance of digestion, due apparently to inability to exercise as much as she has been accustomed to, has required a corrective, but lately the lady has resumed, cautiously, her active life out of doors, and is rejoicing in her renewed health, and is able to wear her evening dresses with grace and satisfaction.

SYMPTOM—ANALYSIS.

1. Region of shoulder.
2. Right upper extremity.
3. General weakness.
4. Aggravation from lying on the right side.
5. Aggravation from lying on the painful side.
6. Aggravation at night.
7. Aggravation after becoming cold.
8. Aggravation in the wind.
9. Aggravation from uncovering.

The above points cover essentially the totality of the symptoms. Noting the value of the remedies, on a scale of four (Boenninghausen method), under each point, (values estimated by the provings, reinforced by clinical experience), we find as follows.

Nux Vomica 30; *Phosphorus* 30; *Silica* 28; *Bryonia* 27; *Pulsatilla* 26; *Mercurius* 25, etc.

These furnish a list for study and comparison. My first impression was to give *Nux Vomica* first, especially in view of the stimulating, allopathic treatment, electricity, galvanism, massage, tonics, etc., but a little study convinced me of the greater similarity of *Phosphorus*, especially as the mental state of my patient was not at all similar to that of *Nux Vomica*; accordingly I prescribed *Phosphorus* in the seventh centess. potency, doses repeated three times a day for three days, after which only an occasional dose was prescribed, except when suspended to administer three doses of *Calcarea carb.* for the manifestations of the trouble in the right hip and thigh.

In regard to my failure to report, in connection with the above narrative, the results of various tests of sensation motion and the general reaction, I can only say, that such tests in no way affected my selection of the remedy, for none of the provings have noted them, and the diagnosis made by the specialists inclined all of them and probably many more, which served to establish their diagnosis (and prognosis), but left them wholly in the dark as to the proper treatment. The point here made is that the *totality of the symptoms* and *not the diagnosis*, in this case, at least, sufficed to cure.

Institutes of Medicine.

HOMŒOPATHIC PHILOSOPHY.*

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

What are we to understand by the term Homœopathy? Probably Hahnemann's first conception of the Law, was forced upon his mind whilst translating Cullen's *Materia Medica* from English into German language in 1790. The disturbed and jumbled up condition which he found therein, brought to his mind or consideration, that there existed a more rational mode or law of curing disease, and which caused him to investigate the subject in a more thorough and scientific manner; these conclusions he published in Hueffland's journal in 1796 in a letter to that journal. In 1804 he published two volumes in Latin, on the power of drugs and their effects upon the healthy human body. Then when seeking for a name, he selected *Omoion* Similar and *Pathos* Disease which he converted into *Homœopathikar*, meaning that the proven remedy must cause symptoms similar to the disease; but Homœopathy was not really christened until 1807, when he published an article in Hueffland's journal upon the subject, giving more of the particulars of the workings of the law of cure.

In 1810 the real birth, or general promulgation of Homœopathy, he published in the first edition of the *Organon* to the world; but ere that time Homœopathy had been recognized as the Living Law of Cure, *i. e.* the similar or drug action on the human body must be similar to that produced by the natural disease to come within the law.

Thus was Homœopathy recognized as the law, and not as a system. That is the true meaning of Homœopathy, and not Homeopathy, as many have persisted in spelling it. The two words mean two entirely different things, and should never be confounded under any circumstance.

In the preface to the second volume of his *Materia Medica pura*, which was published during 1813, he says:

“Life is in no respect governed by any physical law which govern only inorganic substances; the material substances com-

*Read before the Marion County Homœopathic Society, Indianapolis, Ind., March 4, 1896.

prising the human organism are not governed in their living composition, by the same laws to which inorganic substances are subjected, but follow laws peculiar to their vitality. They themselves are animated and vivified, just as the whole organism is animated and vivified. Here reigns a nameless all powerful fundamental force, which suspends all forces of the constituents of the body inclined to follow the laws of pressure, collision, depression and decomposition, and only this force guided and governed by the wonderful laws of life; that is to say, it maintains the necessary conditions for the preservation of the living whole in sensation and action, and that in an almost spiritual dynamic condition. As the organism in its normal condition depends only on the state of the vitality, it follows that the changed condition which we call disease or sickness must likewise depend not on the operation of physical or chemical principles, but on originally vital sensations and actions; that is to say, a dynamically changed state of man; a changed existence—through which eventually the constituent parts of the body becomes altered in their character, as is rendered necessary in each individual case through the changed condition of the living organism.”

The language of Hahnemann promulgated over ninety years ago is just as true today as at that time; it involves a deep and profound philosophy. Had any one ever before studied so deeply of disease? Thus Hahnemann, through his gigantic intellect and indefatigable study and experiment, was enabled to promulgate to the world a law of cure of disease which shall improve and bless the whole human race. Never before had there been presented to man such a noble gift; a gift that shall be the means of bringing order out of chaos, restoring equilibrium to the human organism, making it a proper habitation for the moral, spiritual, intellectual faculties, and humanitarian feelings of man—all this did Hahnemann do when he discovered and gave to the world the Homœopathic Law of cure of disease. He says that disease is dynamic and must be reached by the remedy in the same dynamic condition. Up to this time disease had been looked upon as some horrible hobgoblin which had seized upon the poor wretched mortal, and would carry him off bodily; or lurking in some hidden recess, waiting some favorable opportunity to rush fourth and destroy its victim without ceremony, and which must be reached with heroic treatment to drive

the "kussed varmint" away; hence the cure was worse than the disease, for it left the poor victim a permanent wreck as long as he might live.

What is disease? We do not know, we cannot see it, no one ever saw it, or ever will see it; it is utterly invisible to our sight or senses. The eruption of smallpox, scarlet fever, or measles, is not smallpox, scarlet fever or measles, they are but the outward manifestations of the internal diseases, the banners hung upon the outward walls, and the only evidences of their internal existence. The ravings of the maniac are not mania, any more than the ravings of a drunkard are the liquor that he drank. We may well ask what is life, what is vital force? What is the difference between life and death? The body will weigh no less after death than before; some thing has gone, but what we do not know, we cannot see it, weigh it, or measure it; yet what a difference! The house-keeper has gone never to return but the house remains as before. It will soon fall into decay and resolve itself back into its primal elements; return to earth, air and water, to supply those elements of which it was formerly composed. Health and disease must occupy the same sphere, they cannot move in another, otherwise they could not both exist; for, if the one occupied a superior sphere, it would hold supreme power over the other. Death, life's enemy, must act upon the same level with life. What is life? Let us turn to the second chapter of Genesis: "And the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life, and man became a living soul." If we take this view of the subject, then we must admit that life is nothing more nor less than the breath of the Creator; the object was created before the breath of life was breathed into it. Nothing was created at the time when man became a living soul, which was life, vitality, or the vital principle; therefore the only explanation must be that life was part and parcel of the great God Head itself.

Let us quote a few paragraphs from the *Organon* and see how they will correspond.

No. 6 Note. "When he (the physician) can neither see the spiritual essence, the vital power which produces the disease nor disease itself, but simply perceive and learn the morbid affects, that he may be able to treat it accordingly."

"The physician who engages in the search after the hidden

springs of the internal economy will be hourly deceived," for he will never find it.

No. 9. "In the healthy condition of man the immaterial vital principle which animates the material body, exercises an absolute sway, and animates all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational spirit may freely employ these living healthy organs for the superior purpose of our existence."

No. 10. "The material organism deprived of its vital principle is incapable of sensation, action or self-preservation; (it is dead and subject to the physical laws of the external world) it suffers decay and is again resolved into its constitutional elements, it is the immaterial vital principle only, animating the former in its health and morbid condition, that imparts to it all sensation and enables it to perform its functions."

No. 11. "In disease, this spontaneous and immaterial vital principle pervading the physical organism, is primarily deranged by the dynamic influence of the morbid agent which is inimical to life. Only the vital principle thus disturbed can give to the organism its abnormal sensations, and incline it to the irregular actions which we call disease; for as an invisible principle only cognizable through its operations in the organism, its morbid disturbances can be perceived solely by means of the expression of disease in the sensations and actions, of that side of the organism exposed to the senses of the physician and bystanders, in other words, by the morbid symptoms, and can be indicated in no other manner."

No. 12. "It is solely the morbidly affected vital principle which brings forth disease, so that the expression of disease perceptible by the senses, announces at the same time all the internal change, that is, all morbid perturbations of the vital principle; in short it displays the entire disease. Consequently, after a cure is effected the cessation of all morbid expression, all sensible changes, which are inconsistent with the healthy performance of the functions, necessarily pre-supposes, with an equal degree of certainty, a restoration of the vital principle to its state of integrity and the recovered health of the whole organism."

No. 14. "There is no curable malady, nor any invisible morbid change, in the interior of man, which admits of a cure, that is not made known by morbid indications or symptoms to the

physician of accurate observation—a provision entirely in conformity with the infinite goodness of the Allwise preserver of man.”

Now, this being the case, that disease is but the dynamic disturbance of the spiritual, vital principle, or life force, and which gives forth the disturbances that we call symptoms, then the proven remedy must be in the same dynamic state to act through the sensitive nerves upon the vital principle to restore it (the vital principle) to its healthy or normal condition which we would call a cure. It could relieve in no other way; we must meet this condition with weapons that must correspond to that which has caused the disturbed vitality, and which we are well aware that the potentized remedy will do, and will never fail if it be Homœopathic to the case.

§ 18. “From this incontrovertible truth, that beyond the totality of the symptoms there is nothing discoverable in disease by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there is, or can be no other indication whatever than the ensemble of the symptoms in each individual case to guide us in the choice of a remedy.”

§ 19. “As diseases are nothing more than the general state of the human economy which declare themselves by symptoms, and the cure being impossible except by the conversion of the diseased state into one of health, it may be readily conceived that the medicine could never cure disease if it did not possess the faculty of changing the general state of the system, which consists of sensations and actions, and that their curative virtues are owing to this faculty alone.”

§ 26. “This phenomenon is founded on the natural law (of Homœopathy), a law unknown till the present time, although it has on all occasions formed the basis of every visible cure—that is to say, a dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful, when the latter (without being of the same species) bears a strong resemblance to it in its mode of manifesting itself.”

Can we not say with the Centurion, “Never man spake like this man.” For many years I have sought to find in Hahnemann’s writings where he has made some little mistake, and told what might be proven to be an error; but so far I have been utterly unable to find the least one in any of his writings. He

never made a statement to the public until he had carefully studied and experimented upon the subject, and proved it to be absolutely true; hence we can put the utmost confidence in every word that he has written, and if we will but follow out his complete instructions and to the letter, we will never fail. If we think that the practice of Homœopathy is an easy matter and all that is required is to deal out our remedies at haphazard, we will most certainly find ourselves woefully deceived, and will meet with most dismal failures. If we must go back into paganism and claim that Homœopathy will do for some things, but in others we must resort to Allopathic modes and meet with failures, then do not lay the blame at the door of Homœopathy, but shoulder it like men, and lay the blame where it rightfully belongs—to ourselves.

Hahneman has told us to investigate and strictly follow the law and publish all of our failures, and if the law or his instructions are founded upon false promises, then we can easily prove them to be false, and common honesty should compel us to lay it aside as one of the medical fads of the day.

The great trouble with the professed Homœopathic physician, is his lack of confidence in the law, the careful selection of the Homœopathic remedy, and unwillingness to wait for it to do its work, but must make continued changes and repetitions or alteration of remedies, which is evident that he has not studied Hahnemann or understood him correctly; or that disease is some material thing and must be met in a heroic manner. To such let me again quote Hahnemann:

“What life is can be known only empirically from its phenomena and manifestations, but, no conception of it can be formed by any metaphysical speculations a priori. What life is in its essential nature, can never be ascertained or even guessed at by mortals.”

Was ever words more sublime, than the utterances of this wonderfully great man? To all who have not made a special study of his works, I would say to them, do so at your earliest convenience and you will never regret having done so.

HOMŒOPATHIC TREATMENT OF DRUG DISEASES.*

A. W. HOLCOMBE, M. D., KOKOMO, IND.

Through the kindness of the Chairman of this Bureau, I wish to call your attention to the importance of Artificial or Drug diseases.

In the *Organon*, Hahnemann speaks of Natural and Artificial diseases, and classes natural diseases under the three great miasms of Psora, Sycosis and Syphilis, while the artificial diseases are those that are caused by the wrongful introduction of drugs into the system. The provings of all our remedies, are examples of Artificial diseases.

In his explanation of the manner in which the Homœopathic remedy cures natural diseases, Hahnemann says that the drug sets up a *stronger*, similar, artificial disease, each drug producing an artificial disease, peculiar to itself, and different in the totality of its symptoms, from every other drug.

Hahnemann makes the statement, which has been repeatedly verified, that Homœopathy will cure all curable natural diseases.

He says, in Sec. 74, of *Organon*: "Among chronic diseases, we must reckon those so commonly met with, artificially produced by the use of such drugs as *Calomel*, *Corrosive sublimate*, *Mercuriac ointment*, *Nitrate of Silver*, *Iodine* and its ointments, *Opium*, *Valerian*, *Cinchona bark*, *Quinine*, *Foxglove*, *Prussic acid*, *Sulphur*, *Sulphuric acid*, etc., and we might add *Red. Vulcanite* used in artificial teeth, *Amalgam* fillings, and all patent medicines. The effect of these drugs, and any others that may have been taken, are as enduring as life itself, and the question of how to cure these artificial, chronic diseases, is a most important one.

Each drug sets up a disease peculiar to itself, and to the fact, that the physician is either ignorant of this, or refuses to recognize it as a factor in the treatment of both acute and chronic diseases, the great majority of failures may be attributed.

Ninety-nine of every hundred cases we are called upon to treat, have from one to a hundred or more artificial diseases engrafted upon the one, two, or three natural chronic miasms.

Hahnemann recognized the importance of the artificial diseases, for in Sec. 75, of the *Organon*, he says: "The inroads made on the human health by the Allopathic non-healing art, are

*Written for Kansas State Homœopathic Society.

of all chronic diseases, the most deplorable and *most incurable*, and I regret to add, that it is apparently impossible to discover or hit upon any remedies for their cure, when they have reached any considerable height." How many Homœopaths have read and studied this section, and how many take it into consideration in the treatment of chronic diseases? In Sec. 91, he says further: "It now remains for the Homœopathic physician to inquire to what Allopathic treatment the patient had been subjected, and what active medicines he had chiefly and most frequently used, in order to understand the deviation which the treatment had produced in the original disease, and to correct, *if possible*, this artificial deterioration."

Having ascertained what drug diseases are present, how shall we proceed to correct these artificial deteriorations, or in other words, how shall we cure these artificial diseases, which Hahnemann at that time declared it was apparently impossible to cure? Get the totality of the symptoms, as presented by the case, and give the similar remedy? Will that cure the artificial diseases present? Hahnemann says "it is apparently impossible" to do it that way. He says in Sec. 91: "Symptoms and sensations experienced during the use of some previous drug, do not furnish a true image of the disease," and how can anything more than a transient palliation be expected from an imperfect image of the disease? The system must be ridded of all these artificial diseases before we can get a perfect image, and before the natural disease can be cured a perfect image *must* be obtained.

Is there any scientific test, whereby the presence of *Quinine* may be detected in *Quinine cachexia*, or of *Calomel* in the body of a patient who has been salivated thereby? It is impossible to antidote a drug after it has been assimilated or taken up by the system. It has then passed from the realm of Chemistry and Physics, and is not subject to the laws of either, but is subject to the laws of Dynamics.

There are thirty-three different drugs given as antidotes to *Quinine*, and fifty-nine to *Mercury*. Can any drug or drugs be the Simillimum to the symptom produced by any other drug? Not if there is any truth in Hahnemann's statement, that each drug produces symptoms and sensations *different* from every other drug. Can there be fifty-nine Simillimums to one condition? Impossible. *Any* one of the fifty-nine drugs mentioned as an antidote to *Mercury*, can become the antidote only to those

symptoms of *Mercury* to which it is similar, and in that case, it only palliates by suppressing them. It cannot remove the cause, as it is dissimilar, and the greater part of the *Mercury* symptoms remain, and the case has been partially spoiled by suppressing a part of the symptoms, thus destroying the image of the (drug) disease. We practically deny the law of Similia, when we attempt to treat drug diseases that way.

The treatment of drug diseases by the use of the highest possible potency of the drug producing them, was first publicly taught and advocated by Dr. E. W. Sawyer, of Chicago, who maintained that it was the only consistent Homœopathic treatment of these diseases.

Some good Homœopaths claim that this is nothing but Isopathy, but it is not. Isopathy, in this connection, is a misnomer, as I endeavored to show in an article in the November number, 1895, of the HAHNEMANNIAN ADVOCATE. The use of *any* substance in a high potency, is *never* Isopathy.

Does *China sulph.* cover all the symptoms produced by the crude *Quinine*? Most assuredly. Does any *other* drug cover all the symptoms? Certainly not. Were the symptoms produced by a high potency of *China sulph.*? No. Then if *China sulph.* is the only drug that covers all the symptoms, what is more consistently Homœopathic than to give a high potency of it?

In cases where a mixture of drugs have been taken, as in patent medicines, give a high potency of the mixture. I have a high potency of more than a hundred patent medicines and nostrums, that I use to great advantage.

Remember that there is but *one* law of cure, and when a cure is obtained, it *must* be according to the *Law of Similia*.

I report three cases taken from my case book, as examples.

Case 1. Mrs. F., aged 57; brunette; stout build. Mother died of dyspepsia, and father of softening of the brain. When young she had tetter following the suppression of the itch with *Red Precipitate* and *Sulphur*. Then had inflammatory rheumatism, and has been a cripple ever since, as it left her with the left limb shorter than the right. Hard corns on soles of feet, red mole on chin, and skin of face pallid. Nails ridged and purplish. Has attacks of violent sick headache at irregular intervals. Has nasal catarrh, and always has severe sore throat with every cold, and has always been subject to tonsilitis.

Tongue pale, flabby, whitish filmy coat on it, and slight impress of teeth on edges. Mouth dry, no thirst, and can't drink water, as it gives her violent pains in the stomach and abdomen. Sour and sweet things disagree, also pastry and greasy food. Potatoes especially disagree. Has been vomiting everything that she ate, and belches up sour, burning water. Stomach sore to touch, and feels like a heavy lump in it, which eating salt relieves, and nothing else will. Constipated, stool once a week, with ineffectual efforts to stool. Stool hard, lumpy, brown or greenish. Much flatus before stool. Brickdust sediment in urine. Climaxis five years ago, and has not felt well since. Had hemorrhage from the stomach two years ago, and almost bled to death. Sleeps fair, and on the left side. Sweats easily, and sweat stains yellow, and smells sour. Feet sweat, and excoriates toes, and smells very bad. Always nervous and miserable during wet weather, and especially during thunder storm. Had taken *Calomel*, *Blue Mass*, *Quinine*, *Iron*, *Morphine*, *Syrup of Figs*. Has rubbed *Red Praec.* and *Sulphur* on the skin. Has worn *Red Vulcanite* plate in the mouth for thirty years, and has used *Alum Water* as a vaginal douche. These drug were given in the following order, and each was allowed to act as long as the symptoms were changing, before the next was given: *Merc. Dulc.*, *Blue Mass*, *Red. Vulcanite*, *China sulph.*, *Red Praec.*, *Morphine*, *Alumen*, *Fer. chlor.*, *Syrup of Figs*, *Sulph.* I received a report from her each month, and she reported marked improvement after each prescription, and the last report from her was, "I feel like a new woman, and feel that I am entirely well, and do not require any more medicine.

Case 2. Baby O——, aged 2 years. Has an eruption on the left cheek and forehead, that looked like eczema pustulosa. Large pimples with pus in the apex, dark red, and the left lower eyelid was much swollen, oedematous, and looked very much like erysipelas. Baby was cross, very much constipated and didn't sleep well, restless, rolling around at night. Her father said she had never taken any medicine at all, except several months ago, she had taken several bottles of *Castoria*. I gave her a dose of *Castoria*^{cm}, and in five days her father reported the eruption gone, and the constipation and irritability much improved.

Case 3. Mrs. F., aged 45. Has had facial neuralgia for several years, and has had it almost constantly for some months. On left side of head, around left eye, and into the left side of

the face. Throbbing pains, worse on stooping. Soreness over the seat of the pains. Had three chills lately, one at night, one in the morning and one during the day. Alternate chilly and hot. Bitter taste in the throat of mornings, and must get up, or it will vomit her. Bloating after eating, and has red sediment in urine. Can't sleep at night if she eats any supper. Sleeps on left side, and feels so cross and irritable of morning. Smothery feeling, and short of breath in wet weather. Has worn *Red Vulcanite* plate in mouth for twenty years. I gave her *Red Vulcanite^{em}*, and *placebo* for a month. She came in to pay her bill in about three months, and said that the neuralgia had not troubled her any more. She said she was surprised at the effect of the medicine, as she had always thought that neuralgia was incurable.

Homœopathic Therapeutics of Skin Warts. Histology teaches us that skin warts are not only a thickening of the epidermis, but they are based upon a morbid development of the papillar bodies. If the warts are left undisturbed they usually remain for a long time, often for a life time, unchanged, but disappear sometimes spontaneously. If irritated by scratching, cutting, etc., they become inflamed, the horny layer of the epidermis is knocked off and a lively cell formation on the surface of the papillæ gives the wart the form of an abscess with papillar basis.

A single wart on the fingers may be of purely local origin, such as pressure, but when they appear on the face, on the nose or the upper extremities, often in great numbers, the cause is undoubted a constitutional one. We observe these skin formations especially frequent at a youthful age, particularly on girls at the time of puberty. At maturity and when the body grows stronger, they disappear themselves. But an anæmic, hydrogenoid constitution retains them for years or for a life time. They have been especially observed on young people who have been addicted to masturbation.

As a remedy for warts we find first of all *dulcamara*. These warts are smooth, sometimes transparent; they rise quickly and appear in numbers. The face and hands are chiefly affected.

Knoor says he has found *Rhus* a useful remedy with such warts as infest the fingers and hands, have a broad base, are of the size of a lentil, a pea or larger, fleshy at the base, but consist in greater part of a horny, coarse, uneven epidermis, feel rough to the touch and hard like a brush; are not sensitive; the surface of a dirty yellow gray color and at times covered with black bristles. These warts disappear slowly.

Thuja is the wart remedy par excellence. Not only do simple warts of the skin yield to this remedy, but it is found efficacious in fig warts or condylomata forming on the genital organs and immediate surroundings of syctic and syphilitic origin.—(Translated from the *Berliner Zeitschrift fuer Homœopathie*, in *Homœopathic Recorder*).

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

(Concluded from June number.)

Dr. Leggett presented a paper on the treatment of hemorrhoids.

HEMORRHOIDS—THERAPEUTICS *versus* SURGERY.

The paper now offered may, to some degree, serve as an argument in defense of my position at the morning session, in discussion of Section 162 of the Organon; that is, the difference between the treatment directed at a result, and that directed at the vital disturbance as a whole, with the view of reducing this disturbance to tranquility.

Hemorrhoids, according to all authorities, are a *result* of disease, rather than disease *per se*; so that to write upon this subject is to plunge *in medias res*.

The homœopathic point of view is the constitutional treatment of the patient upon whom the result is fixed.

Let us suppose a case due to portal congestion caused by obstruction of the *vena cava*, in disease of the liver. What possible advantage to the portal system and diseased liver can accrue, through the extirpation of the hemorrhoidal tumors, even though no possible evil can follow upon such operation?

If the case be a result of mechanical pressure, through a gravid uterus, abdominal tumors, etc., how can extirpation of the tumors relieve that pressure, and what prevents the same cause from repeating the same result *ad infinitum*?

In obstruction and destruction of the capillaries in diseases of the lungs, or in the over-filled veins in heart disease, should we expect to increase or to depress the vital functions by removal of the tumors?

In general relaxation, atony, want of tonicity of the abdominal veins resulting in hepatic congestion, as in those who lead sedentary lives, or who use too much wine, coffee, tea, or drastic medicines, why should we need other than constitutional treatment, resulting in a general restoration of the vital functions, through a re-established assimilation by the vital dynamis?

Cases of hemorrhoids are incurable, when the individual is incurable. When the point of incurability is reached, surgical interference but adds to the burden already carried by the economy. When this point has not been reached, surgical interference often causes a case to become incurable. Raue says of hemorrhoids that "actual danger can only exceptionally arise from local manifestations."

Hemorrhoids having been found to exist as a result of the deeper disturbance of the vital force,—in fact, as a perverted action of that force,—then the condition is curable to the degree that the patient is curable; *i. e.* if the patient improve under constitutional treatment, the hemorrhoids disappear, unless the condition be deeply miasmatic, and the hemorrhoids be dependent thereupon. The last mentioned state should meet with effectual cure under homœopathically and constitutionally applied therapeutics.

There is a single point to be emphasized in the therapeutical treatment of hemorrhoidal troubles. A prescription for hemorrhoids *per se*, is as bad in its effect upon the patient as a prescription for constipation, or a surgical suppression of symptoms. The effect is disastrous, except, when through the greatest good luck—not science—the remedy selected for hemorrhoidal trouble is homœopathic to the whole constitutional disturbance and is sufficiently deep to remove it.

As illustrations of the points touched upon, I will cite a number of cases.

In October, 1889, I was called in consultation by the late Dr. Hawley, in the case of the late Dr. Wheeler, then aged forty. The patient stated that up to a period dating back six years, he had been in perfect health. At the age of fifteen, he had, by lifting, brought on a slight attack of hemorrhoids. Thereafter, he has been occasionally, although not seriously troubled by them. At the age of thirty-four, on his graduation from the medical college, he thought to prevent further trouble by a radical cure. He therefore put himself under the care of Dr. Thayer, of Clifton Springs, who injected carbolic acid (fifteen drops, I think,—my record says "several"), in saturated solution. The hemorrhoidal tumor disappeared and so did the rectal sphincter.

The operation was followed by general dropsy and increase of weight from 160 to 180 pounds. This condition was succeeded by prolapsus of rectum, pallor, yellow and greenish-white com-

plexion, swelling of the right cervical glands, tumorous protrusion of ulnar side of hand, tumorous protrusion about the heel, swelling, enlargement and lengthening (?) of bones of the hands and feet, and enlargement of the joints of the hands and feet. Pains that began in the great toes, as time elapsed, ascended to the knees, then to the hips and back. There was fulgurating pain in head, tenderness of soles, fetid breath and urine, night sweats and gradual loss of sexual strength. The distressing symptoms were largely controlled for at least a year by careful, occasional prescription of a high potency of the indicated remedy. Meanwhile, the disease was slowly progressing. The patient remained under Dr. Hawley's care until the latter became ill, when Dr. S. took charge of him. He died in the autumn of 1890. The autopsy revealed tuberculosis.

Case II. In 1887, an operation for hemorrhoids, upon a brother of the late William A. Hawley, was followed in two weeks by apoplexia and death.

Case III. Mr. S., a sycotic, dark, medium weight, nervo-bilious temperament, aged thirty-eight. He, during the winter of 1882, and while he was in New York, had, for the first time in his life, a severe attack of hemorrhoids. The history of the attack is meagre. It was supposedly occasioned by over-walking. The trouble became so painful, the tumors so enlarged, that the patient was persuaded to consult a specialist. The tumors had protruded with stool, and the patient was unable to reduce them, because of spasm of the sphincter with the consequent swelling and congestion caused by pressure. The patient was bound to the operating table, and there he remained for five hours, suffering "the torments of the damned." At last, under morphine, the tumors were reduced, and electricity was applied. The patient having returned home, called a doctor daily, for at least two weeks, to administer morphine and chloroform, during the pains following each stool.

In June, 1887, this patient came under my care. He was then suffering from a prescription of *Thuja*^{75m} that only partially covered the case. One result was a return of the hemorrhoidal trouble. The stool became lumpy, lenteric and, at times, gelatinous. Hemorrhoids small, oblong, perhaps three-fourths to one and a half inches in length, varying according to degree of inflammation. Protrusion during stool; stool painless; slight soreness; fissure below the tumor near the mouth of anus. Pain

began within an hour after stool, lasted from three to five hours, and was so severe as to force the patient to leave his business. Pain was increased by motion on part of the patient. Only position possible was lying upon the back. The sufferings of the patient were extreme and his nervousness was beyond bounds.

This case occurred during the first year of my practice, and after one or two unsuccessful prescriptions, I called Dr. Kent in counsel. He, on account of the peculiarity of the pain coming on so "long after the stool," advised *Ammonium carb.*, which was to be repeated when necessary.

June 25. One dose 3m. (F.) in the morning; patient better at night; no stool.

June 26. Stool; some pain, diminished by patient lying still; no medicine.

June 27. Patient gaining and could remain at business; no stool.

June 28. Stool improved and painless; no remedy; rest during exacerbation.

Until July 13th, patient continued to gain without medicine. At that date he became constipated, with hard dry stool, tearing the lately healed wound afresh. The former pain and symptoms returned. On two successive days, *Ammonium carb.*^{3m} (F.) was administered, with relief of symptoms; slight pain on following day; no pain again until July 17th, when slight return occurred.

July 24. Some aching and throbbing after stool.

July 26. Again aching and throbbing in rectum, lasting through the morning after a soft, mucus-covered stool.

During August, after the 13th, there is a record of bleeding after stool; improvement in character of stool; daily lessening of size of tumor. In September a slight bleeding after stool is noted.

Once since, and during my absence from the city, this patient suffered an attack of pain. He took morphine without relief to the pain, and with a successful stupefaction of himself. During this period, I arrived, set at once to counteract the influence of the morphine, and, after a day or two, the patient came under the control of the homœopathic remedy. This disturbance lasted a shorter time than the previous attacks, the stool was more normal, the general conditions were more quickly bettered. Although the neuralgia and rheumatism continued from four to five months longer than the first attack mentioned, there was no

more trouble from the hemorrhoids. The general health of the patient is good,—very much above its average during the periods of life above mentioned; although the symptoms of sycosis have not all disappeared, and there is strong probability that, the patient being subjected to the same causes, the same disturbance will arise.

Case IV. Mrs. M., tall, dark, nervo-bilious temperament, aged thirty-seven. This patient came to me, on June 1, 1891, suffering from a long standing neurasthenic condition, and a recent development of portal congestion.

There was great soreness of the abdominal walls, <by pressure and jar; stool scanty, hard, lumpy, with subsequent soreness and pricking in small external pile tumors; during and after stool, there were violent paroxysmal pains from which the patient obtained relief only by throwing herself on her face; urine scanty, dark, red sediment; nausea; slight vertigo; irritability; melancholy. During the menses, rectal pains greatly increased.

One dose of *Sulphur*^{6m} (J.) relieved the conditions for three months, until Sept. 10th, when the neurasthenic symptoms became prominent without return of the rectal and anal trouble. The patient then received one dose of *Sulphur*^{15m}.

Oct. 19. Slight return of congestion and soreness of upper abdomen; no rectal trouble; no medicine.

Oct. 25 (four months). Increase of congestion and soreness in abdomen; aggravation from pressure of clothing and from jar; slight return of hemorrhoids. A different shading of the modalities led me to prescribe *Pulsatilla*^{mm} (F.). This medicine increased the conditions for a week, but afterwards effected rapid improvement.

During the last of December, 1891, and the first of January, 1892, I suffered an attack of "La Grippe," with which disease my patient was also stricken at the same time. The attack in her case, seemed to cause aggravation of the portal congestion.

When I was again able to take up this case, I found soft, although painful evacuations; painful urination; pain in rectum lasting for hours after stool. One dose of *Psorinum*^{45m} relieved pain before next day; one dose of *Natrum mur.*¹⁵⁰⁰ (J.) given a week later and followed for a day by increase of pain, practically finished that phase of the case. Since then, there has been scarcely a touch of pain in the rectal region. The neurasthenic conditions being of longer standing are slowly being eliminated.

Case V. H. L., engineer; medium height, build and color, rather thin. On Sept. 19, 1892, this patient having moved into this locality, came to me for stomach trouble, which had prevented him, for more than two months, from going upon his engine. Until the previous year, his health had been excellent. His immediate family was healthy.

HISTORY OF CASE.

Tonsillitis the previous winter, treated with application of croton oil; *spasm of larynx* occurring for the first time during the previous January. During spasm, sensation of ball in throat, loss of breath, which patient regained with struggle and final whoop. First attack occurred after patient had been sleeping in his chair; other attacks, more or less violent, had followed at intervals. *Hemorrhoids*, March preceding; treated with *Aesculus hipp*, after which they had gradually disappeared; symptoms of hemorrhoids: fullness, throbbing, soreness and bleeding.

The distressing stomach symptoms were: constant sore spot in pit of stomach, spot about the size of silver dollar, burning and "sore as a boil." At that point, sudden attacks of sharp, shooting, twisting pain. During severe attacks, patient was forced to go to bed; nothing but morphine relieved him.

Attacks of dryness of throat; weakness of stomach; increased by smoking too much.

Tongue dry and rough, "like a cat's tongue;" brown tip; foul breath.

Meals irregular because of business. Increase of stomach symptoms after eating; rising of sour, burning water in the cesophagus.

Concomitant symptoms: difficult, hard stool; tired eyes with pressure outward; dull headache back of eyes. *Lachesis*^{41m} (J.).

Oct. 4. Patient reported great improvement. Had been on engine. For the three or four days following administration of remedy, aggravation was very great and patient suffered terribly; burning worse; choking worse; hemorrhoids returned; but for the week previous to the report, patient had not felt them; sore spot gone; eyes still tired (old symptom).

Oct. 17. Still better; but little trouble. Improvement continued until March 10, 1893, when patient, having moved to Rochester, applied for the "same remedy," and was sent *Lachesis*^{41m} (F.).

This case is reported simply to show the possibility of suppression by remedial as well as by surgical measures. Had the remedy first administered, covered the symptoms of "throbbing in the rectum" and the "spasm of larynx," there would have been no sequence of stomach symptoms.

S. L. GUILD-LEGGETT.

Dr. Brownell called attention to the symptoms described in the paper as "pain >by lying upon the abdomen;" saying the symptoms would be found under *Podophyllum*. He had had the good fortune to obtain the most satisfactory results from its use in a threatened abortion of the third month, in which the symptom "must lie on the stomach" was considered peculiar and important. Gestation was progressing nicely, although the patient had habitually miscarried.

Dr. Carr mentioned the fact that operation for hemorrhoids was frequently followed by tuberculosis, even after the lapse of two years. He thought hemorrhoids and *fistula-in-ano* were both signs of a tuberculous tendency.

Dr. Brownell stated that Dr. Whitbred, the leading surgeon of Rochester, would not operate upon hemorrhoids if there were any suspicion of tuberculosis, and never upon fistula.

Dr. Seward wished to know how, in case of a perfectly healthy man, hemorrhoids should be treated, when brought on by over-exertion; as in athletic sports, and with none but local symptoms?

Dr. Grant remarked that then a physician would have the peculiarities of the local lesion only to prescribe upon.

Dr. Seward stated the case in mind as a young, healthy man, never sick in his life. The hemorrhoids were so painfully sore that the patient had to lie in bed on his back, with the knees wide apart. The hemorrhoids were large, swollen, sore and blue. They were quickly cured with one dose of *Muriatic acid*.

Dr. Brownell mentioned a case, occurring in a man of large, full habit. The patient had a white, heavily coated tongue, and local symptoms were brought on only by "walking upon pavements." He could walk miles in the country, but "*if he walked upon pavements,*" he would have symptoms of hemorrhoids at once. He received *Antimonium crud.* Results unknown.

The subject of the Scholarship in the Philadelphia Post-Graduate School of Homœopathics was presented by the President and discussed in its various bearings.

The Chairman of the Committee was enjoined by the Society to communicate with the Dean in this relation.

The President appointed the following members essayists for the June meeting:

Organon, Section 172—Dr. W. W. Johnson.

Medical Subjects—Dr. W. G. Brownell.

Clinical Subjects—Dr. W. M. Follet.

Motion was made, seconded and carried, that the Secretary be authorized to purchase the necessary supplies for the duties of her office.

Motion made, seconded and carried, to adjourn to the Rochester Club, Rochester, N. Y., June, 1895, date and time subject to the option of the officers of this Society.

S. L. GUILD-LEGGETT, Sec'y.

ROCHESTER, June 20, 1895.

The meeting of the Central New York Homœopathic Medical Society was held at the Rochester Club, Rochester, N. Y., the President, Dr. Isaiah Dever, presiding.

Members present—Drs. Dever, Nash, Biegler, Ross, Stow, Carr, Geo. S. Hemance, Sayles, Graham, Grant.

Visitors present—Drs. Bamber and Keyes.

Minutes of last meeting read and discussed as follows:

Dr. Biegler said that, in the minutes of the last meeting, he noticed that the word "insufficiency" occurred many times in reference to homœopathy. Against that word he wished to protest. There are cases which the Divine Healer only can cure; for, from a human standpoint homœopathy is all sufficient, barring some insufficiency in provings. In syphilis, according to his opinion there is a limitation of symptoms. In "Chronic Diseases," Hahnemann recommends chiefly *Mercury*, also *Nitric acid*, and a few others, which may appear to be prescriptions made upon a name; out which, in reality, are the broad application of well known drug symptoms to the condition of the patient.

For example, Dr. Biegler had under treatment a child who was brought to him with keratitis. The patient had large, hard glands in the neck and groin. On the father's side, there was a syphilitic history. Since the child was a fit subject for *Iodine* and *Baryta*, and there were no characteristic symptoms, the doctor prescribed *Baryta-iod.*, when the glands quickly suppurated and

the eyes cleared up. This was done with a little known remedy. Dr. Biegler said that we must know all the possibilities of homœopathy before we talked too much about its insufficiency.

Dr. Grant thought that Dr. Brownell's remarks appeared scarcely to give their full meaning, as he himself understood them at the time they were made. He thought that Dr. Brownell wished to convey the meaning that certain diseases are incurable (notably syphilis and sycosis) by any means; thus showing the Almighty's disapproval of the social evil. He did not understand him to question the sufficiency of homœopathy in any curable disease.

Dr. Carr said that such, also, was his understanding of Dr. Brownell's position, and requested that these proceedings be published in connection with the proceedings of March, that there should be no misunderstanding of the discussion.

Dr. Nash read and expounded the Organon, Sections 172 to 181.

Discussions were held of those Sections by Drs. Biegler, Dever, Stow, Ross.

Secretary read notes from a lecture by Prof. J. T. Kent, on the same Sections, taken by Dr. Leggett. The notes were received with thanks.

ORGANON, SECTIONS 172-184. PROCEDURE IN THE TREATMENT OF INACTIVE, PROGRESSIVE CHRONIC DISEASES.*

Our attention is often called to patients who present no symptoms other than those which are common to all diseased conditions. These patients display no individualizing signs. They look sick; they are sick; they are full of suffering. All sick persons offer these common evidences of disease: they complain of nausea; they are constantly "so tired;" they feel better when lying down; they have frequent headaches, palpitations, etc. Yet there is nothing to prescribe upon, and the symptoms have little meaning to the prescriber.

Such patients exhibit the premonitory symptoms of grave disease. Later, they will develop phthisis, tuberculosis, cancer, Bright's disease, or some other fatal malady. Few of these patients will allow the physicians to cure them, or even to try to cure them. They will not give him time. They prefer to try this or that medicine; this or that doctor. They fill themselves with nostrums, and are really wretched, but they obtain no re-

*From a lecture of Prof. J. T. Kent, before the P. P. G. S. of H.

lief. If they can be satisfied that the physician must have time, and be shown that time is an important factor in their cases, sometimes it is possible to pull them out of these conditions, some of which are curable. Even then the physician can only promise a rational course of treatment, with the hope of the arrest of disease and of restoration to health.

Occasionally, patients are found with sufficient wisdom to desire a cure. In the care taken by the physician to study and understand their individual cases, in the careful prescription that follows, in the slow but undeniable improvement in their feelings, they discover a rational method, and their desire is quickened to remain under such careful ministration.

Physicians show wisdom in teaching their patients, as well as the attendants of their sick, to study general symptoms; to note the time of day or of night when the condition is better or worse, together with the acts or influences which are the apparent causes of these or of other phenomena. In time, patients so instructed, become observant. They find in themselves shades of feeling, times of improvement, particular acts or conditions that make them sick.

Patients who have no pronounced ailment should be told that the study of their cases may require a year or eighteen months, and that great patience will be needed before one can hope for improvement. They must be made to understand that such enfeebled conditions are usually the result of suppression, first of one set of symptoms, and then of another, and that the truth can be disentangled only with the greatest care. If they are rashly promised that much can be accomplished in a short time, they, recognizing the slow fulfillment of the promise, receive the impression that nothing has been or can be done, and they will leave the physician, despite his most careful attention. Slowly, one by one, the symptoms are obtained; and after a long time, the physician is able to select a remedy (let us say) from among the anti-psorics. Then he must wait.

It matters not if the patient remain for months without change. During this period of latency, an occasional dose of the selected remedy in progressively increased potency, months apart, is all the medicine required.

At the end of a long period, if the patient remain in the same tired, listless condition, a remedy may be given typical of the miasm which is judged to be the cause or base of the disease.

After another long period of waiting, during which there is no change, rotation of remedies may be considered, selected, and prescribed. But the same care, the same periods between doses, the same time of action must be observed as in the first selection. No change having yet been made in the conditions, the nosode of the miasm most strongly in evidence may be given and waited upon through its various potencies. So, finally, with the greatest care, some of the incipient conditions of grave disease may be arrested in development, and the organism may be restored to a comparatively normal state.

A patient of this class must be studied and regulated in all his habits and relations; his family life, diet, exercise and sexual relations must receive careful attention from the physician. If, after twelve months, the patient has gained, even though little, if he seem stronger and look better, the physician may feel confidence in the ability of the vital force to assimilate the necessities of the physical organism; he will soon recognize improvement in the general health.

When the selected remedy refuses to do more in the general restoration, the medicine to follow must be chosen with great care. It must be a complement. The physician must not expect too much, nor must he allow the patient to do so.

Observe that we are not speaking of the super-sensitive patient, but of one who is always tired, always feeble. We are now considering a cure of bad assimilation, of mal-nutrition. A super-sensitive patient has always an abundance of symptoms and these are all painful.

Slowly increase the potencies, until this remedy also ceases to act. Finally, follow it with another complement. Two or three complementary remedies may be required to finish the rotation, but, at the end of this time, the patient will be found several degrees stronger.

An understanding of what is meant by the development of cases can be obtained, if the patient, for a time, stops treatment, and later returns with more definite symptoms. These symptoms may lead to still better indications and help to clear up the case. This end being accomplished, the patient is saved from the result of such cachetic conditions—cancer, phthisis, etc. These conditions arise, in circumstances favorable to their development, at various periods or crises of life. In a woman, they often arise at the climaxis.

A careful examination of the history of the case and of the family determines the condition to be based upon *Psora*. There being no symptoms and *Sulphur* being the broadest anti-psoric known, this remedy may begin the case. *Calcarea* and *Lycopodium* may follow in the order named and months apart.

Unless contra-indicated, understand that these are typical, not actual cases of procedure; as other remedies may be found which must also be rotated. *Psorinum* may follow, and the case may, for months, rest upon that remedy.

When by this method of development, marked symptoms have been observed for a sufficient length of time to decide upon their permanency, they are to be used as indications for further prescription. Symptoms arising under this careful method of procedure will either vanish altogether, or they will grow stronger as time progresses. Repetitions of the remedy while these symptoms are in process of development will not remove, but will emphasize the new indication.

Never leave a remedy that has benefitted a patient, until it refuses to do further work. Try all potencies or different potencies until you are satisfied that the remedy is inactive. A case is easily spoiled with a less than perfectly indicated remedy. *Remedies actually lead up to the proper change*, although this is a fact which is not always appreciated. A second remedy is given, not because it "follows well," but because *it is demanded by the vital force*. A repetition of different potencies of the drug which has already benefitted the patient will not spoil the case. If a change is needed, the higher potency but develops the symptoms until now masked, and makes stronger the indication for the remedy that is to follow. Always repeat the last and benefiting drug in higher potency.

Patients of the class under consideration require a series of well selected remedies extending over a long period of time. They must be allowed to change this course of procedure by prescriptions for any acute disturbance from which they may suffer. *Placebo* is the safest and surest prescription for all light ailments—colds, indigestions, etc. The physician must not be persuaded to follow a course other than the one here indicated.

Many times the condition is based upon syphilitic, rather than upon a psoric or a sycotic miasm. Again, it may depend upon two or more miasms, one of which may entirely mask the other. This is a serious complication. In this case, the miasm last

added to the organism will, probably, be the most active and the first to attack, because its symptoms, if discoverable, will be uppermost. When there are no symptoms, there must be a method of procedure. A case of masked syphilis that has been treated with *Mercury*, must first have antidotal treatment. If not so treated, the method pursued in latent *Psora* is proper.

The nature of this miasm is such as to bring out symptoms found under the mercuries, *Nitric acid*, *Hepar*, *Silicea*, etc. After carefully considering the conditions and selecting the remedies without further contra-indications, slowly rotate as before; making sure that each remedy has given all possible benefit, before passing on to another.

In a change of remedies, the whole picture of the remedy will not appear, but a symptom—something marked and peculiar—will reveal itself, leading to the study of a new remedy and of its usefulness in this connection. The symptoms may be slight, as in a case in point. A woman showed a small copper-colored patch on the hand, saying that “it seemed as if the *sore* would never heal.” A small pimple would form, break, spread a little; a crust would form and fall. Then, another pimple would appear, and follow the same course. The same patch would be present for weeks and even months. This symptom being a peculiarity of *Nitric acid* (which if applied to the skin, makes a sore of the same kind, lasting for months), led to the next prescription.

A careful selection of the remedies most closely resembling syphilis in manifestation, a careful rotation of these remedies in the manner suggested, may, after a long period, be followed by the nosode of this miasm, and may greatly assist in rationalizing the symptoms. A case having received all kinds of medication, because of a supposed syphilitic taint, needs most careful treatment. *Syphillinum* will not cure, but it will sometimes rationalize the conditions.

In a syphilitic case, after typhoid, or a disease of like nature, when there is a torpid condition, a slow convalescence and delayed recovery, *Syphillinum* brings about instant reaction. Of course, this is understood to be the time when the apparently indicated remedy will not work. So, in cases of this kind of psoric or sycotic origin, the nosodes of these miasms will accomplish the same reaction.

By these suggestions, it is not to be understood that each in-

active, progressive chronic disease must be begun with *Sulphur, Mercury and Thuja*. The plan indicated is to be followed when there really is nothing else to do; it is the course of procedure in those cases which need the development of long suppressed symptoms.

In Sycosis, with a sick patient and no indications, the same course is to be followed; and the more improper homœopathic treatment the case has received, the harder it will be to overcome the conditions. Under improper homœopathic treatment, symptoms that once were present, are more thoroughly suppressed than by any other method. In Sycosis, the best and most typical remedies are *Medorrhinum, Thuja, Nitric acid, Sepia, Calcarea*, etc. These remedies underlie, somewhat, the nature of the miasm. It is often well to begin a case of this kind with *Thuja*, and *Silicea* may follow. It is certain failure if the plan of careful selection, long waiting and complementary remedies be not followed.

Medorrhinum seldom effects a cure. It but develops and rationalizes a case. It may restore the suppressed discharge of a gonorrhœa and not effect a cure. Do not hasten matters! After the return of a suppressed discharge from a gonorrhœa, it seems necessary that the system be relieved thereby, and often a long time passes, before a remedy is developed or indicated, by which to cure what remains of the disease.

After a long period of careful selection, repetition and rotation, the curable cases become more subject to remedial measures, and advance more rapidly toward health. Much can be done for these cases. They are worth the work, and they can be helped by no other method. But the physician must learn to have confidence in the reactive ability of the vital force. If the patient recover, he will do so through this ability, and often the removal of the incubus which has so long depressed him.

S. L. GUILD-LEGGETT, M. D., H. M.

A report was read from the committee of the Scholarship in the P. P. G. S.

The chairman of the committee announced that the amount subscribed was fully one-third of the necessary sum. She called attention to the fact that its object was educational and to promote interest in the development of a higher understanding of the Homœopathic law. That a subscription towards this Scholarship seemed to be the most worthy object yet presented to this

Society for consideration. She thought that the devotion and the fitness of the P. P. G. S. for the elucidation of the truths embodied in that law, could not be questioned.

Dr. Biegler thought that an applicant should be found coming from the territory covered by this society.

Dr. Nash thought that the benefit should be in a degree personal; that is, for the benefit of our own students, as well as for Homœopathy in general.

Dr. Dever spoke in the same strain. He said that Dr. Kent originally asked for the moral support of the society.

Dr. Grant said that he was very conversant with the situation, as he was president of the society when the fund was established. It was expressly provided that the applicant should come through this society if possible, and that in appointing the committee, he had expressly said that he would appoint Drs. Leggett and Carr to look after the interest of the C. N. Y. Society, and Dr. Kent (also a member of the society) to look after the interest of the school; that no applicant from the society need be forced upon the school without the approval of the third member of the committee. Now, if the committee (as such) had no applicant, then the society was in no way responsible.

Dr. Nash was appointed by the president a committee of one to confer with Dr. Kent and straighten out the matter.

Dr. Stow presented the following resolutions, which were unanimously carried:

WHEREAS, It is a cardinal principle of our faith, that, except for the purpose of proving drugs upon the healthy, it is bad practice to induce morbid or morbid conditions in the human organism, when in health; also, that it is unphilosophical and contrary to physiological law, to prescribe any remedy for the cure of the sick, save the Homœopathic remedy; and

WHEREAS, We believe it to be not only absurd and injurious, but little short of criminal, to inoculate or to vaccinate human beings, or even brutes, with the morbid products of any disease, on the mistaken and unwarrantable hypothesis, of protection against variola, diphtheria, tuberculosis, *et id genus omne*, taking reason and experience as our guide; therefore,

Resolved, That we hail the increasing evidence of opposition to vaccination with profound satisfaction, and welcome the advent of the new national Anti-Vaccination Association, organized at the Fifth Avenue Hotel, New York, on the 5th day of June, 1895; also Dr. Foot's *Journal of Health*, the *Anti-Vaccination News*, of New York, and the *Journal of Hygeo-Therapy*, as marked features of, and powerful factors in the just war against all superstition, barbaric fetishism or therapeutic conjecture.

Resolved, That Compulsory Vaccination, or State Compulsion, in matter pertaining to religion or medicine, or the freedom of speech, or of the press, is

unjustifiable in morals and in law, and that we will do all in our power, by worthy and just endeavor, to oppose them, and that we will aid to the extent of our ability, all efforts made by others in the same direction.

Resolved, That a copy of these resolutions be furnished the MEDICAL ADVANCE, *Homœopathic Physician, Anti-Vaccination News*, of New York; Dr. Foot's *Journal of Health*, and the *Journal of Hygeo-Therapy*, of Kokomo, Ind.

T. D. STOW.

As neither of the essayists were present, Dr. Dever reappointed Drs. Johnson, Follett and Brownell.

Adjourned to regular time and place.

R. C. GRANT, Sec'y pro. tem.

All quick prescribing depends upon the ability to grasp comparatively the symptoms.—*Kent*.

Sharp prescribing is attended with immediate results. If you do sharp work you will see frequent aggravations of the remedy. When you do poor work you never see them.—*Kent*.

We owe no obedience to man, not even to our parents, after we are old enough to think for ourselves. We owe obedience only to Truth.—*Kent*.

Man is made up of what he is. The very *is*, or being, or *Esse*, of man is his will. The difference between two human beings would scarcely be more than the will.—*Kent*.

The disease is not to be named but to be seen; not to be classified but to be viewed, that the very nature of it may be discovered.—*Kent*.

Man's unbelief and opinion do not affect truth. The experience which the Homœopath has, is experience under law, and confirms the law.—*Kent*.

There never was a genuine Homœopath who discouraged the real study of anatomy and physiology.—*Kent*.

Comment and Criticism.

PULSATILLA—PENSIVE.

J. J. STURGUS, M. D., SEATTLE, WASH.

In the May issue of the *HAHNEMANNIAN ADVOCATE*, Prof. McElwee concludes his observations on the action of Pulsatilla in reference to its alleged power to correct mal-positions of the foetus, in these words: "Am I right in questioning this time-honored belief; is it wrong, and is my experience your experience?" We will reply in brief to these interrogatories *seriatim*. Touching the first, no one will question the right of the doctor to take issue with the hundreds of the profession who have in the past held to the affirmative of this proposition,—men whose probity and ability and whose skill and discernment we are all willing to bear witness. A careful perusal of the doctor's article will convince the reader that nothing has been advanced to prove the contrary. To be sure he cites one instance in which he was about to give the honor in a corrected false presentation to Pulsatilla, but because of some manipulation on the part of the mother he ascribes the correction to the latter and the alleged effect of the remedy as being *nil*. This is "*post hoc, propter hoc*" reasoning. To declare that in a certain malpresentation of the foetus, which, after the exhibition of Pulsatilla, assumes a normal position, is not to be attributed to the effect of the remedy, but merely "happened so," is to strike a blow at the very foundation of Homoeopathy. The same line of reasoning (which is, by the way, the one assumed by our friends, the enemy) would result in declaring that all cures are to be attributed to the *vis medicatrix nature* and are in no wise the result of the prescribed remedy. Dr. McElwee does not know, in the case he mentions, but what Pulsatilla would have corrected the mal-position in itself without the "assistance" supposed to have been rendered by the mother. In my opinion, in this very instance, the remedy so acted on the muscular structures of the uterus as to render it possible for the correction to take place. There are many physicians at the present day who deny that *Lachesis*, *Lycopodium* or *Lac Caninum* can have any

curative effect in diphtheria; yet those who have witnessed the almost magical effects which have followed the administration of these remedies in this dreaded affection would feel sadly hampered when confronted with a case of diphtheria, without them. And yet if we admit that these mendicaments have any effect in curing, or even modifying, the course of so malignant a disease as the one in question, does it require any violent stretch of the imagination to claim that Pulsatilla, "mild and gentle tho' she be," cannot correct faulty positions? So, as to the first query of the doctor, "Am I right?" my reply is "No,"—unless he can advance some proof of its falsity in controversion of the host of able practitioners who believe to the contrary. Of the power of Pulsatilla to do the very thing Dr. McElwee questions, we have the authority and experience of the early masters, confirmed in numerous instances by those of later years. Croserio, after quoting Dr. Benthams' case of Shoulder presentation changed to a normal one shortly after the exhibition of Pulsatilla, speaks of a similar experience occurring in his own practice, and offers the following explanation of the manner in which this result is brought about:

"The child being entirely in the cavity of the uterus, without having entered in the pelvis, and being still surrounded with a sufficient quantity of liquid to facilitate its movements, it will be very possible that certain contractions of the circular and longitudinal fibres of the uterus should give a sufficient impulse to the body of the child and in such a direction, as to cause it to take a natural position, and to which all parts, containing and contained, dispose it."

This explanation of the *modus operandi* of Pulsatilla on the two sets of muscles entering into the formation of the uterus, though made over forty years ago, is a very plausible one, and generally accepted by the profession at the present day. Dr. McElwee may not have "found an obstetrician of any considerable experience who has ever seen any good come of the administration of Pulsatilla under the present circumstances," but the following well known names are a few of those who believe Pulsatilla has this power, and have, moreover, witnessed its wonderful effects in just these conditions: "Dr. Ayers, of Kalamazoo, Mich., reports in the *Homœopathic Journal of Obstetrics* for March, 1893, two well marked cases of mal-position corrected by the administration of Pulsatilla". In the same journal for

May, 1895, Dr. Harwood Lindley, after speaking of the bad results of officious meddling where the conditions are normal, says: "In cases, however, that I have watched, or even if called and consulted within five or ten days of the expected confinement, it is my custom to leave a small vial of Pulsatilla^{3*} and direct the patient to take it in water (20 drops to two teaspoonfuls, a teaspoonful every two hours) at every first appearance of premonitory pains. I do this because I am convinced, from reading and experience, that the drug, if given a fair time to act, will cause or produce a normal head presentation and will even change, in many cases, a breech or side presentation to the head.

* * * I have been exceedingly fortunate in not meeting any serious variations from the normal. This I attribute largely to the Pulsatilla." On page 268 of the same journal, Dr. Wm. T. Tyler when interrogated as to his preparatory treatment during gestation simply replies: "Faulty positions met with Pulsatilla." Dr. Conant, in his *Obstetric Mentor*, says: "Abnormal presentations may be righted if the drug (Pulsatilla) is exhibited in a potency before the membranes are ruptured, or the presenting part firmly engaged." (Page 133) Guernsey Farrington, Hering (a trio whose declaration in any matter relative to homœopathic therapeutics we should hesitate to dispute) all allege that Pulsatilla will correct mal-presentations of the foetus in utero. The writer has conversed with a number of physicians who have witnessed the same effect from the administration of Pulsatilla. So as to the second query, "Is it wrong?" we must, if we are to be guided by the weight of authority on this question, declare that it is. In reply to the third question, "Is my experience your experience?" my answer may be assumed from what has gone before. Though not actively engaged in the practice of Obstetrics, I have, in a practice of some thirteen years, encountered a few cases of this kind that I feel sure were corrected through the action of this drug. The condition was present, the remedy administered, the result attained, and it seems as reasonable to ascribe the effect to the action of the remedy in this condition as in any other.

And now just a word in reply to Dr. Kent's observation on page 270 of the *HAHNEMANNIAN ADVOCATE* for the same month, in which he claims that key-note symptoms are to be ignored. Was I misinstructed during my entire medical course, and subsequently while engaged in practice, as to the proper method of

selecting drugs? If we are *not* to be guided by key-note symptoms I would like to ask what we *are* to consider when questioning our patients as to their ailments? Were Guernsey, Lippe, Hawkes, and a host of other materia medica specialists wrong when they advocated this form of prescribing? It will require something more than the dictum of Dr. Kent to persuade me that this method is faulty. *Curing my patients* I consider "good work." To quote further, "When you have three symptoms—key-notes—it is true you may possibly get the right remedy, but what do you know of your patient, or of the image?" I reply, *everything that is needed*. Suppose, for example, we had a patient who complained of great hunger, but a few mouthfuls of food caused unnatural fullness; he has a red, sandy deposit in his urine, and all his symptoms are markedly worse from 4 to 8 p. m. Need any one enquire further for a remedy? And suppose he did, the result would be simply more symptoms corroborative of the ones already adduced, and absolutely non-essential so far as prescribing for the patient is concerned. "To cure the sick," I have somewhere read, "is the physician's *highest and only* calling." Dr. Hawkes declares in the preface to his *Characteristics for Prominent Remedies*, that "In my own experience and practice, I am free to say, this plan of committing to memory such as may be called 'key-note' symptoms, and associating them in my mind with the medicines to which they belong, has been the chief source of such success as I may have had in curing the sick." Dr. Burt, in his *Characteristic Materia Medica Memorizer* expresses his appreciation of these "key-notes" in much the same words. We all know what prominence the late Dr. Guernsey gave to this method of prescribing, and how strongly he inculcated this method to his classes. Ditto Dr. Lippe. So with this coterie of careful and successful prescribers advocating by precept and example this method of prescribing, we must take issue with Dr. Kent that the same is faulty.

"PULSATILLA-PENSIVE." F. S. SMITH, M. D., LOCK HAVEN, PA.

An interesting article under the above caption in the May number of the HAHNEMANNIAN ADVOCATE, from the pen of Prof. McElwee, will furnish the subject of a few observations concerning the same.

Supported only by the cases cited, the author of that paper is

certainly justifiable in questioning the ability of Pulsatilla to correct mal-positions of the foetus in utero. In fact any theory not demonstrated is questionable.

The cases cited by the writer are not calculated to remove the pensiveness of Miss Pulsatilla, nor to confirm the opinions of those whose views differ from the author of "Pulsatilla-Pensive."

The writer of the article in question says: "I find but two cases, reported in the *Homœopathic Times* in May, 1878, and referred to by Dr. Hughes in his *Pharmacodynamics*."

If the cases cited above were all that could be produced to substantiate the claims of Pulsatilla, the verdict would be against her; her case would be hopelessly lost. There are, however, other witnesses that may be called who will testify in favor of the frail, freckled-faced maiden, and whose testimony will strengthen her case materially.

Croserio, in his work on Obstetrics, page 51, says: "Dr. Bentham, in the *General Homœopathic Gazette*, reports an observation which should encourage us to follow his example. A woman in labor sent for him, the membranes were not yet ruptured, and the orifice was but slightly opened, notwithstanding severe and frequent pains; and by an examination he recognized a shoulder presentation. Not wishing to precipitate anything, he gave her a dose of Pulsatilla. Some minutes after the woman experienced a violent pain with such a sense of overturning in the abdomen that she was frightened at it. Then, after some time of quiet, the pains recommenced regularly, and on second examination Bentham was very agreeably surprised to find the head presenting, the delivery terminating naturally."

Croserio adds: "I believe I myself obtained, five years ago, upon a lady in the Raue St. Denis a similar result by the use of the same means, and under the same circumstances."

In the *Transactions of the International Hahnemannian Association*, 1889, page 272, Clarence Willard Butler, M. D., reports a case of "transverse (right iliac dorso-abdominal) the side presenting at mouth of the womb." The doctor left her for an hour, after dropping on the tongue a dose of Pulsatilla^{mm} (Tafel). On his return he found head and shoulders already born, the legs and nates being still in the vagina. The report of the whole of this case is interesting reading, but it is too lengthy to insert here.

Dr. Kent, in the same book, page 279, reports a case in which

he was consulting physician. The diagnosis was a "breech presentation." She received one dose of Pulsatilla. The child was born, the head presenting.

Dr. Schmidt, page 281, same book, reports a shoulder presentation confirmed by bringing down a hand. "It was a Pulsatilla case. I gave Pulsatilla²⁰⁰. About ten minutes afterwards she was fast asleep, no pains, a sure sign Pulsatilla was acting. After a few hours the child was born By the breech."

These cases, whilst they do not prove positively that Pulsatilla has the power to correct mal-position of the foetus in utero, yet they are of sufficient importance as to claim the attention of the profession, and emanating from the source they do are not to be thrown carelessly aside as old wives' fables. It may be said that Nature, unaided, accomplishes like results. Granted. Nature also makes efforts that fail to accomplish the desired end, and in such cases is it unreasonable to suppose that a little aid to nature's effort in the shape of the appropriate or indicated remedy may enable her to do what she is *trying* to do but is unequal to the task?

Pulsatilla is not the only remedy to be thought of in these cases. Dr. Schmidt reports a case where *Sepia* restored the natural presentation. *Actea racemosa*, *Caulophyllum*, *Sepia*, *Helonias*, and others are worthy of our thoughts in this connection. Let all assist in solving the problem.

The microbe is not the cause of disease; we should not be carried away by these idle Allopathic dreams and vain imaginings but should correct the Vital Force.—*Kent*.

The bacterium is an innocent fellow and, if he carries disease, he carries the simple substance, which causes the disease just as an elephant would.—*Kent*.

It would seem that with only the occasional cures from Bromine and Scale and Hellebore the Old School might have long since discovered the law. But their books say "no law," all their books say "no principle, only experience." Therefore their students are debarred from looking for law or expecting law.—*Kent*.

It is easy enough to find something different but one may look a long time to find a similar. It is more natural to suppose that the curative remedy would be found in the similar which is so rare and requires so much labor to find.—*Kent*.

People's Department.

A PHYSICIAN'S LIFE AMONG THE NEGROES.

Letter No. 4.

ELLIVNAD, VA.

Dear Doctor:—I took a short drive to the country a few days since to visit the sick wife of a farmer, Mrs. G. T., aged 58. After getting all the symptoms in writing, stripping the history of colloquials and verbiage, and arranging them in order, I had the following case:

Exceedingly anxious, with great melancholy. She feared she was going to die.

The back part of the head feels sore, as if bruised.

At night, when the lamps are lighted, she cannot see well; the light hurts her eyes.

Face is pale, and somewhat swollen.

Small, white ulcers on the upper surface of the tongue.

Nausea and occasional vomiting of what she has eaten and drank.

Stomach is slightly swollen and feels full.

Abdomen swollen, with colic-like pains.

Stools frequent, white jelly-like, and accompanied with tenesmus.

Frequent urging to urinate, with scanty discharge, but no pain.

Breathing difficult, as if the chest were constricted.

Creeping chills up and down the back in the afternoon, followed by fever lasting three or four hours.

Very little thirst.

Sweat scanty.

All the symptoms worse from 4 to 8 o'clock p. m.

Temperature 103 2-5; pulse rapid, small.

Of course the time of aggravation made me think at once of *Lycopodium*. But *Colocynthis* and *Helleborus* have aggravation from four to eight p. m. After comparing these three drugs, I decided to use *Helleborus*. I put a few pellets of the 200th in half a glass of water, and ordered one teaspoonful to be given

every four hours. The second day after this her husband came to my office for more medicine, as his wife was much better. I sent her six powders of s. l., to be taken as the other was. About ten days more Mrs. T. herself came to the office to see me, feeling better than she had before in several months.

As you are familiar with the methods of farming in your section of country, possibly a description of farm life in Virginia would be of some interest to you. Most of the farms contain from one thousand to three thousand acres, and are owned by men of means, one man frequently owning as many as four or five farms. The owners rarely live on their plantations, as these farms are called, but live in town. These plantations are cut up into farms of from one hundred to six or eight hundred acres, and are rented out to farmers for a portion of the crop.

The owners are called "planters" and the renter is called a "farmer." If the farmer is fortunate enough to own his team and farming implements he gets a greater per cent. of the crops than does the man who has no team or tools. The farmer pays the planter from one-fourth to one-third of the entire crop raised as rent. Frequently the planter has to furnish the renter provisions to live upon while the crop is growing. When the crop is finally harvested, and the rent is paid, the provisions furnished are replaced, the farmer pays for fertilizers used to produce the crop, he has but little left for himself, and he either moves to another farm or rents the same farm for another year, no better off at the close of the year than when he began. This class of farmers are nomadic in their habits, shiftless, lazy, uneducated and altogether unreliable to deal with. Nothing tends to elevate a man more than to have a home of his own. It gives him an amount of self-respect that nothing else can give him. On the contrary, living the life of a nomad, tends to drag him downward. Then again his children have no school advantages, and are brought up in ignorance as dense as that in which he himself was raised. Not one-fourth of them are able to write their own names, nor to read it after some one has written it for them. All of their contracts are signed with a cross thus:

His
John X Smith. When God created man and woman, it was
Mark

His intention they should marry and build themselves homes which should be miniature heavens, ruled by love, and an altar erected to Himself therein. When this is not done a divine in-

tention is neglected, and in consequence man deteriorates towards the brute. If you doubt this statement just come out here, practice medicine among the country people, and become convinced.

As the "no fence" law is in vogue here, but few farms have any fences, the boundary lines being usually branches or creeks—there are no brooks or streams in Virginia.

It is a rare occurrence for a farmer to live on the same plantation more than three years, consequently it seems to be to his advantage to get all out of a place he can, with as little outlay as possible upon his part. As the owner does not live on his place he has but little interest in keeping up repairs. It matters little to him if the roof leaks, or if the doors have no fastenings. The houses and out buildings, as a rule, have shabby, dilapidated, run down, tumble-over-if-you-pushed-hard appearance.

It is easier to pile the hay, fodder, and grain in stacks out of doors, than to build barns for storage. It is also more in accord with the general shiftlessness so much in contrast with the thrift, enterprise and neatness of the well-to-do farmer.

The principal crops raised are tobacco and corn. Corn is never estimated by the bushel among the farmers here. Ask a farmer how much corn he has raised, or expects to raise, and he will tell you "so many barrels." A barrel is estimated at five bushels of shelled corn. Two barrels of corn on the cob is equal to one barrel of shelled corn. The farmer sells it by the barrel. The prices varies; this fall and winter it is selling for from two to two and a half dollars a barrel.

A man with one horse and a boy will raise about three hundred barrels of corn in a season. He will also have his patch of tobacco and his watermelon patch. This is called a "one-horse crop." In the fall he hauls his portion of tobacco and corn to the market, sells it, pays his fertilizer bill, and buys hay and "bacon" (salt-pork) to take home for consumption. I have never been able to understand why the nomadic Virginia farmer would rather buy his hay than to raise it. It is not because the land will not produce grass, for I have seen as fine grass growing here as I ever saw growing in any state of the Union. Occasionally a farmer owns his farm, lives upon it, and cultivates it himself. Such a farm can be told at once by the general air of thrift and prosperity about the place. He raises everything he needs sufficient to supply his wants, and has some to sell. If he has

any extra time he devotes it to raising tobacco. The best farming lands are what are known as "bottom lands," that is, land lying along the margin of the creeks or branches, or rivers. One serious drawback to bottom lands is the danger of floods during the rainy season in the fall. Sometimes the crops are badly damaged, even entirely destroyed by these sudden floods.

The nomadic farmer leaves his plow where last used, until it is again wanted. This saves the trouble of taking the plow to the barn to be in the way all winter, and it is right where it is wanted the next season. If he should want to plow some other piece of land first, it is just as easy to go to the field for the plow as it would be to take it from the barn. Owing to the large size of the plantations, neighbors are not so near as to be troublesome. This gives plenty of room for the children and chickens to scratch without interfering with their neighbor's gardens. It also gives the children liberty to dress as little as they choose, and they make the most of their opportunities.

I have often thought it would be a grand idea to take these large plantations and divide them into small farms of two or three hundred acres, with a good road dividing them, having four farms in a square, and at the point where the roads fork to build four neat cottages, one in each corner. This would give neighbors, and have a tendency to elevate the moral and social elements among the different families, especially among the children. Three or four of these small communities could then unite and employ some one for three months of the winter season to teach their children.

I would not rent a farm to a tenant for less than ten years. But as I own no plantation I have no way of exemplifying my pet theory.

I once found it necessary to spend the night at one of these farm houses, and wanted something to read. Not a book nor a paper, not even an almanac was to be had. "We ain't got no time to read." This is by no means an exceptional case. Yet these men will dispose of the most knotty political problem in a few minutes, to their own satisfaction. Is it much wonder that the men drink distilled corn juice, and that the women "dip snuff?" I suppose that last clause puzzles you. Let me tell you how they do it.

First a twig of some suitable wood is selected about six inches long and as large around as a slate pencil, the twig of the

black gum tree being the favorite; next to the black gum the peach ranks in popularity. One end of the twig is chewed until it resembles a small flat brush; it is then thoroughly soaked with saliva, dipped into the snuff, rubbed well upon the teeth and gums; the end containing the snuff is tucked beneath one cheek and the other end projects from the mouth. Henceforth the twig is known by the name of "tooth brush." When the woman wishes to make some remark she takes hold of the projecting end of the tooth-brush with the thumb and forefinger of the right hand, carefully removes the brush from her mouth, puckers up her lips as if about to whistle, or as if to solicit a kiss, and forcibly ejects a stream of brownish-black fluid six or eight feet into the fire-place, or upon the ground, whichever place happens to be the most convenient; she then takes the corner of her apron, wipes her mouth with it, makes her remarks, inserts the broomed end of her brush into the snuff-box, twists it carefully and scientifically around until it resembles a big brown spider, or a small frog, tucks it tenderly inside the cheek, and calmly resumes her knitting. It is really wonderful with what surprising dexterity and accuracy she will hit a mark six or eight feet away during the process of ejecting the fluid. When she retires for the night the tooth-brush is placed upon the mantel shelf. When she goes to her meals it is tucked into a button hole of her dress waist, or stuck into the knot of hair upon the tip of her head, where it waves about as if in silent defiance, with every movement of her head. Often the brush while held in the mouth acts as a siphon, and the tobacco juice escapes from the corner of her mouth, and trickles to the chin in a beautiful rivulet of dark amber color, and drops off the chin into the woman's lap. Do you blame them for the habit? Poor things! it is the only comfort and happiness they manage to extract from the hard, laborious and illy-paid life they have to endure. They cannot be said to live, they simply exist. Having no conception of anything better, they seem contented. An occasional holiday and a trip to town varies the monotony of their lives.

The prosperous and well-to-do farmer—and there are many such in this favored land—lives an altogether different life. His home is well supplied with the comforts and many of the luxuries of life. There is literature in abundance; his children are well educated, and are far better off in many respects than their city friends. Call at his home and enjoy his hospitality; it is

unstinted; you are welcome to what he has. Any member of his family will converse intelligently with you upon any subject you may choose. There is a big fire in the old-fashioned fireplace, and while you are enjoying its genial warmth, one of the accomplished daughters will entertain you with music as sweet and correct as any you will hear in town.

It is a pleasure and a delight to visit such a family, especially if you are a single man. I have several such families among my clientele, and I enjoy a visit occasionally to some of them, and to get away from town with its hubbub and confusion, and spend an evening of quiet enjoyment.

Farm labor is cheap here. A negro farm hand gets from eight to eleven dollars a month, with an additional allowance of one peck of meal and five pounds of bacon per week as rations. The negro is the best laborer for this climate. A few years ago I was called to see a patient about sixteen miles from Ellivnad in the mountains. They insisted upon my stopping to dinner. The lady of the house asked me if I would take store tea or sassafras tea. I chose store tea. She then asked me if I would have long sweetening or short sweetening. As I did not know what she meant I declined either. I afterwards ascertained that "long sweetening" meant molasses, and "short sweetening" meant sugar.

Sassafras tea is made by steeping the bark of the root of the sassafras tree in water. It is a very pleasant drink after you become accustomed to its use, and learn to like it.

Some of the combinations used as teams to perform the labor upon the farm are rather striking to a stranger. In a short drive one afternoon I met several varieties. One was an ox hitched to a cart in the same manner as a horse would be, with a bit in his mouth, and a piece of clothes-line as reins. The driver—one of our nomadic farmer friends—was sitting contentedly upon the wagon. In a box on the rear of the cart, were a few chickens the old fellow was taking to market. Another team was a load of tobacco, with a horse and mule hitched to the pole or tongue of the wagon, and as leaders a couple of oxen—a "four-in-hand" not often seen even in Virginia. Another turn-out was an ox and a mule hitched together, pulling a load of produce to market. These are only a few of the queer combinations seen daily upon our streets.

About seven miles from Ellivnad is a community, which for

convenience we will call "Mountain Hill." It is on the border line of Virginia and North Carolina. Five families live on the plantation. The men are white and unmarried. Each one of them lives with a negro woman, and they all have children. They have cabins in Virginia and in North Carolina. When the authorities of either state get after them, the women are rushed over the line into the other state. There seems to be no way of preventing this shameful state of affairs, and they live on unmolested.

The close proximity of Ellivnad to the North Carolina line furnishes a novel revenue to the North Carolina ministers. In North Carolina no license is necessary in order to get married. This law is taken advantage of by couples living in Virginia desiring to marry, but unable to obtain the parental consent and blessing. They elope to this Gretna Green of Virginia, are married by the accommodating parson or justice of North Carolina, and then return home to get the parental *blessing* (?) afterwards.

Yours, etc.,

ANACARDIUM.

REASONS WHY THE TROMMER AND FEHLING TESTS MAY FAIL TO SHOW GLUCOSE IN THE URINE.

PETER J. LATZ, PH. C., M. D.

Professor Chemistry, Dunham Medical College, Chicago.

In testing urine suspected of containing glucose, the precipitation of the cuprous oxide may be prevented by the simultaneous presence of certain other reagents, such as ammonia salts, creatin, albumen, and the products of their decomposition under the influence of sod. hydrox. Experience has convinced me that the absence of a precipitate in the Trommer test does not demonstrate the freedom of the urine from sugar. To find out with certainty whether there is really any glucose in the urine, to bring it out if it is concealed by the above-mentioned substances which prevent the precipitation of cuprous oxide, a certain quantity of grape sugar should be added (about 1cc of one per cent. of a solution of grape sugar to 5cc of urine). If substances are present that prevent the secretion of cuprous oxide no reaction will set in even after the grape sugar has been added. In the Fehling test, on the contrary, the presence of certain substances which are apt to produce cuprous oxide in Fehling's solution, may lead the experimenter astray, causing him to think there is glucose where there is in reality none. Such substances are: Uric acid, creatin in abnormal quantities, sugar of milk, allantoin, mucin, brenzcatechin, hydrochinon, urobitin and bile. We may also find the cuprous oxide precipitated in the absence of any or all of the above-mentioned substances when the patient has received allopathic doses of benzoic acid, salicylic acid, etc., in sufficient quantities to have been secreted in the urine. To fully confirm the result of a Fehling reaction it will be well to subject the urine to another test, either the optical or fermentation. I have employed the latter for years in my laboratory.

Editorial.

CENTENNIAL OF HOMŒOPATHY.

The sessions of the American Institute for 1896 will stand out in bold relief by reason of the great prominence given to the underlying principles involved in the law of *similia similibus curantur*. The prevalence of these sentiments in a large degree were due to the fact that the Institute was celebrating the centennial of the first intimation by Hahnemann of the possible existence of a definite, fixed law of cure. The importance of the discussion of these cardinal principles, together with the delightful location for the Institute had led the committee on arrangements to anticipate an unusually large attendance and preparations had been made for the accommodation of at least one thousand physicians and their friends. Great was the disappointment, therefore, when only about three hundred of the members of the Institute showed enough interest in the work of the society to make sufficient effort to be present at this Centennial celebration and many were the reasons given for this lack of interest, but the most probable reason, arose from the disappointment experienced in the past through the lack of consideration given to those cardinal principles by the Institute, which have been proven to be the most important factors in the successful treatment of the sick, and the substitution of fads and speculations by the specialist, that were neither interesting or profitable to the general practitioner. And the logic of this reason is strongly emphasized in the fact that there were more visitors at the Institute this year than members, and such was the interest shown that the committee of arrangements in the future will be very short sighted, if they do not prepare a program filled with the substantial necessities embodied in a thorough discussion of these first principles. If we would see a revival of the enthusiasm and fidelity of the early practitioner in this country, we must draw near to the fountain head of all wisdom and be content to sit at the feet of the master and again learn the lessons brought out through his careful investigation and great practical experience. A strict adherence to these principles will give to the study of

medicine an impetus that will sweep all things before it, and will make of each and every follower an enthusiastic lover of the healing art instead of a supercilious agnostic.

About one hundred and fifty of the most prominent members of the profession showed their interest in the discussion of the questions prepared by the *Materia Medica* Conference by being present at its first session and the testimony there offered in the defense of the law of similars would have filled the heart of the master with joy could he have been an invisible guest.

The conference was called to order by Dr. Timothy F. Allen, of New York, who explained that the object of the conference was to listen to the wishes of the profession, with reference to the preparation of a *materia medica* that would fully satisfy the requirements of a practitioner of homœopathy. The committee appointed for this purpose, by the Institute at Newport, had finally decided that the best means of obtaining this information would be in the form of a series of conferences, in which a full and free discussion could be given to all questions and fundamental principles involved in the construction of a complete and reliable *materia medica*, upon which all scientific therapeutics could rest. In other words, the preparation of a *materia medica*, based upon scientific data that would appeal to the reason of all practitioners of medicine. This involved the opening up and the impartial consideration of the question of therapeutics from a scientific standpoint, such discussion being practically open to the world, in which the adherents to the law of similars and the dissenters therefrom, might present their views, defending the same before an impartial board. The very first question involved therefore is the purpose of this *materia medica*, for what sort of therapeutics is its use intended? and you will readily see that the answer to this is absolutely essential before taking another step. It is well known that the practice of homœopathic therapeutics is fraught with difficulties and discouragements; that it is too indefinite for a scientific positive method, which homœopathy is claimed to be, and that some, at least, of these obstacles are due to the method of construction of the material used in constructing or to the difficulties of applications of the therapeutics to the case. This lack of definite, concise knowledge has caused many to become skeptical of the truth of the law of similars, and it becomes, therefore, incumbent upon us to listen to the full expression from those who have failed to grasp

the significance of this natural law in order that we may determine the basis upon which a materia medica must be built, that will be strong and convincing to all who would know and follow the truth. We should either find out the weak spots in the old foundation and strengthen the same or tear down and build a new upon a broader and more substantial foundation. It would therefore be necessary for us, as homœopaths, to determine whether we are satisfied with the law of similars as the basis of our therapeutics, and whether we are content to build our superstructure upon this, and this alone.

Having carefully examined our foundations, strengthened, repaired or extended the same, our next business will be the selection of the materials needed for the building of the coming materia medica. We are here confronted with two stupendous difficulties, an enormous amount of material and a great diversity of opinion, with reference to the value of the same. We must now carefully examine the material used by the first architect, Hahnemann, to see how it has stood the test of time and weathered the storm of criticism and opposition. Can we utilize the material now on hand for the repair of the old building, or shall we tear it down and build upon a new and better foundation; or shall we discard all we have and prepare new material from the very foundation? These are the fundamental questions that will be discussed by you in the questions brought before your notice by the conference this year.

We now come to the third question, which will be considered in this conference and upon the decision of which will depend the construction of a materia medica, from its very first sentence, viz: *Do we recognize the totality of the symptoms as the essential disease to be treated and cured?* Upon the answer to this question, we will determine whether the construction shall be laid upon a foundation of symptomatology expressing perverted dynamics or upon a pathological pharmacology. This question deals with the very foundation of the school and is the rock upon which our rank has been divided in factions, some holding the view laid down by Hahnemann, that it is absolutely essential that every prescription be based upon the total expression of the symptoms of the nature of disease; dissenters holding the view that this rule of practice is limited in its application and that we must obtain means for the computing of disease from every known source. In the discussion of this question, honesty

of purpose must be conceded to every speaker and a free and full expression of all shades and differences of opinion should be welcomed, bearing in mind that truth is invincible and that if we seek it in the spirit of unbiased investigators, we shall ultimately come to know it at sight.

The first topic selected for discussion was:

"Has the Law of Similars ever been unequivocally demonstrated by the deductions from general practice, and we do not require its more formal proof by inductive experimental research?"

It was commented upon by Dr. Conrad Wesselhœft, of Boston, Mass., with a very strong paper when viewed from a standpoint of an unbiased scientific investigator. He took the position that there was a vast difference between testimony and evidence and insisted that many of the records of the action of the law of similars were deficient in their data and consequently would not be held as competent testimony, the proof of the truth of their statements, and that until that which was missing had been supplied we should not assume that the similars had been unequivocally demonstrated. He did not wish any of the members to understand that he did not appreciate Hahnemann's law, but he believed that so many errors had been allowed to creep into the record that the deductions were anything but satisfactory to a scientific observer, and suggested that the only way for demonstrating the real value of drugs in the treatment of disease would be by instituting comparisons in which a certain number of cases under similar conditions be first treated without drugs and then similar series of investigations be carried on under the influence of medicine alone, from which comparisons accurate data could be obtained. The paper brought out a very lively discussion in which some lost sight of the question under discussion, while others held that there was abundance of proof establishing beyond the shadow of a doubt that general practice had demonstrated the logical deductions of the law of similars. An effort was made to pass a resolution to this effect, but it was voted to wait until the close of the conference before taking any definite action.

The second question of the materia medica conference was called to order by the chairman, Dr. T. F. Allen, who introduced the discussion of the second topic:

"In what particulars has the proving of drugs deviated from the rules laid down by Hahnemann in the Organon and in what particulars do Hahnemann's

rules and directions for proving drugs differ from or fall short of those required by the methods and precautions of modern scientific research?"

Dr. Eldridge C. Price, of Baltimore, Md., is a member of the Investigator's Club of Baltimore, which holds the position that every symptom should be dropped from our *materia medica*, that does not bear upon its face positive evidence of authenticity by having been conclusively established at the hands of three or more provers. The result of their investigation was the production of a book so barren of characteristic symptoms, as to make it of no value whatever in the selection of a remedy. Upon commenting upon the question under consideration he seemed to think that the rules were so lax as to give very little scientific value to the results reported, that they might have been sufficient for men with such well trained analytical minds as Hahnemann and his immediate associates, but were not at all adapted for the exigencies of the present age and insists that each and every prover should be carefully selected and while the influence of the drug to be proven should be subjected to thorough physiological tests by experts in the different departments of medicine, in order that we might have definite data of the physiological or pathological action of the heart, lungs, digestive organs, nervous system, reflexes, etc., with the view of determining the exact effect produced from a pathological standpoint. The paper was carefully prepared and the general thought quite ably defended, but the consensus of opinion from those listening to the essay unquestionably refuted almost every point taken and established from personal investigation that all of Hahnemann's writings must be interpreted in the same spirit by which they were written, that nearly everything offered by him upon the subject of medicine was suggestive of a great deal more than appeared on the surface; that a man with such keen perceptive faculties; such a cold analytical mind and possessed of logical faculties of the very highest order. Not only appreciating the necessity for accuracy in observation, but determining in his very act a wonderful comprehension of the means necessary for securing the same. That a proper interpretation of his instructions would lead to the same accuracy in detail that is now required from the most scientific observer; furthermore, that the manipulations instituted at the hands of these different specialists would act as a very potent factor in destroying the image made by the drug

to be proven. It will be observed in the consideration of the two questions that it needed nothing but an opportunity to bring to the surface scores of careful observers who had thoroughly tested the questions under consideration and proven their efficiency beyond the shadow of a doubt. The general trend of the argument was a great surprise to many of the visitors and indifferent followers of Hahnemann and undoubtedly was a surprise to many who took part in the discussion and as one man remarked at the close of the second session, "This discussion has brought to my mind many things learned by listening to Hering, Lippe and Guernsey, which have been ignored in past years, because of the pressure upon my time. I will now go back to my *Organon* and re-study these questions with the determination of again making them a part of my every-day practice."

At the end of this meeting the following resolution was offered:

"Resolved, That the Materia Medica Conference recommend to the American Institute of Homœopathy that it instruct the committee of this Materia Medica Conference to carefully prepare an accurate and scientific plan by which the future provings of the drugs of our materia medica shall be conducted."

After some discussion it was decided not to put it to a vote and adjournment was taken until ten o'clock the next morning, when the Conference was again called to order by the chairman, Dr. T. F. Allen, with a very much larger attendance than during the sessions preceding. In the absence of Dr. Wm. Bœricke, of California, Dr. T. Y. Kinne read the paper opening the discussion upon the three questions before the Conference. (This paper appears in the *ADVOCATE* for August).

"In the search for the simillimum shall we endorse Section 18 of the Organon, which says that the totality of the symptoms must be the sole indication to direct us in the choice of a remedy?"

Of the five hundred physicians present, probably less than fifty even pretend to be governed by the totality of the symptoms in their selection of their remedies for the treatment of the sick; and still not a voice was raised in opposition to this question. Some little difference of opinion was expressed with reference to the real meaning of the totality, but almost every statement could be endorsed by the strict Hahnemannian, and the conference at large must be congratulated in bringing out such strong endorsement of this most important section in the entire *Organon*. So much interest was manifested by the profession

in this conference, that it was the unanimous wish of all present that they be continued in the future as a special feature of the Institute work, and there can be little doubt if the faithful followers of Hahnemann improve this opportunity as they should, it will become the medium through which the Institute will return in a large measure to the consideration of those principles which enabled the pioneers of Homœopathy in this country to become such enthusiastic advocates of the truth. This step taken by the American Institute makes it incumbent upon every man and woman who believe implicitly in the principles promulgated by Hahnemann to lay aside every prejudice which has prevented their participation in the work of the Institute, and join hands with those who have tried to prevent the banner of Similia from being dragged in the mire of oblivion.

ODDS AND ENDS.

In our Monthly Review for June the reader should substitute "cina" for "china" in the article entitled "Reflex Spasms in Children," page 348.

Dr. Pratt's annual class for instruction in Official Surgery will be held at the Chicago Homœopathic Medical College during the week beginning Monday, Sept. 7th. For particulars address E. H. PRATT, M. D., 100 State St., Chicago.

Note change in address of Dr. C. L. Olds from 123 South Sixteenth street to 1916 Mt. Vernon avenue, Philadelphia.

Henry L. Houghton, recently of the Philadelphia Post Graduate School, has located in Winchester, Mass.

In a pamphlet of about fifty pages, C. S. Durand, M. D., of Harda, Central Provinces, India, shows the wonderful similarity between leprosy and *secalecornutum*. Extracts from this work will be printed in a subsequent number of the *ADVOCATE*.

Dunham Medical College has issued one of the most elegant announcements coming to our table this year. It contains thirteen half tones very nicely illustrating the text of the announcement.

Our Monthly Review.

Materia Medica in Motion. The pulsatilla baby is satisfied with being carried slowly and prefers the open air. It does not cry with the energy of chamomilla or china babies. The arsenicum baby cries to be carried quicker and quicker. The veratrum baby wants to be carried quickly and even shaken. The croupy baby, whose case calls for bryonia, wants to be carried very quickly and even says "run." The china baby wants to be rocked fast.—(A. McNeil, in *American Homœopathist*.)

Supernumerary Medical Titles. The vanity of human wishes is not to be compared with the vanity of medical titles. Among hard-headed medical men, who are credited by common consent with more than ordinary business acumen, it is amusing to note with what affection and affectation some few of such members cling to the titular appendix granted them by some down-country college, because of lapse of years, notorious absence out of penal institutions, or in gratitude for special favors and in hopes of more tangible gratuities later. It is a display of vulgarity that transcends the code of ethics in several directions. A good physician needs no especial handle to his reputation beyond that which belongs honestly to his work. Once indulged in and this habit seems as ineradicable as the pass habit or the opium trend. The profession of medicine has been pelted in the market places of the public for a number of centuries with mild ridicule because of its jealousies and inconsistencies. This present fad for titles is in no sense tending to elevate us in the eyes of the physician-employing public. Educated gentlemen and ladies are the last to wear such titles on their sleeves for the vulgar mass of the people to peck at.—(*The American Homœopathist*).

Ipecacuanha in Treatment of Bee Stings. Dr. George King, of the Calcutta Botanical Gardens, was attacked by a swarm of bees. He was severely stung on hands, face, head and neck. No less than one hundred and fifty stings were afterwards extracted from his neck alone. Relief was at once obtained by making a paste of ipecacuanha powder and smearing over the affected parts. The swelling as well as the pain was immediately relieved. Hering (*Guiding Symptoms*) says that ipecacuanha has acted as an antidote to the potencies of apis after over-dosing.—(*Homœopathic World*)

Uterine Remedies. Dr. A. C. Cowperthwaite mentions the following remedies as having a special affinity for the uterus, but says that the fact that a certain drug will produce certain pathological changes in uterine tissue, does not make that drug the specific in a similar condition unless there is a correspondence in the symptomatology.

Belladonna affects the uterus only in consequence of its power to produce active congestion and inflammation in all parts of the body, the uterus not being exempt. It is the drug most often indicated in acute inflammation and is often of great value in chronic conditions, metritis, endometritis, prolapsus and other conditions where, in addition to other symptoms characteristic of the drug, we find great pressing downwards, as if the organ were heavy and

congested and would press out of the vulva. It is often valuable in uterine hemorrhage, whether post-partum or not, the blood being bright red, hot and coming in gushes. No other remedy is so often used for the rigid os, excessive after-pains, milk-leg, etc.

Caulophyllum is often a valuable remedy in dysmenorrhœa where atony is present, but its greatest sphere of usefulness is in chronic metritis, passive hemorrhages, protracted lochia and other troubles following abortion or confinement, atony being an ever present and distinct feature.

Cimicifuga is often called for in hysteria, chorea, neuralgia, etc., resulting from uterine irritation, its action being due to nerve irritation spasms. It is only second to *pulsatilla* in amenorrhœa, especially suppressed menstruation from cold or emotions, rheumatic or neuralgic dysmenorrhœa, with shooting pains from side to side and bearing down feeling in uterine region and small of back. *Belladonna* is a congestive remedy, *Caulophyllum* an atonic remedy and *Cimicifuga* a spasmodic remedy.

Crocus manifests a remarkable affinity for the uterus where it produces and cures congestions resulting in a passive uterine hemorrhage, the blood being dark, clotted and stringy. The power of *crocus* as an abortifacient has long been recognized and its persistent use will remove a tendency to miscarry.

Lilium is especially useful in version with great pressure against the rectum, causing constipation, and to a less extent against the bladder, causing vesical irritation.—(*Medical Era*).

Carbo Vegetabilis. In studying the action of the remedy, we may generalize and express its action by the terms deficient oxidation. It is a coincidence that the same words express the chemistry of its production. Dr. Dewey gives five characteristics of the remedy: 1. Offensive discharges. 2. Putridity and burning. 3. Coldness of legs and knees. 4. Venous sluggishness to stagnation. 5. Flatulence. Adynamia is therefore a characteristic and hence the remedy is indicated in the age or those in whom the retrograde metamorphosis overbalance those of nutrition. The mind is oppressed; there is anxiety; the patient becomes peevish and irritable; is easily excited to anger and violence. There is vertigo, and headache is prominent, with acute pain in the side of the head (sometimes both sides). Sensation of warmth in the back and up the neck; also tension; stiffness in the nape of the neck; sharp stitches in the shoulder blades, taking the breath away; arms feel heavy; sensation of weakness in the hands; sharp pain in the lumbar region; pressive sore pain beneath the coccyx. The circulation is sluggish and the patient is apt to be worse in damp weather. It is a useful remedy in acute catarrh. In the mouth there is irritable condition of mucus membrane of the lips, with tendency to ulceration. The throat feels sore and irritated with expectoration of mucus. The soreness is apt to increase towards evening. The remedy is also indicated in painless aphonia. The remedy is indicated in the bronchial and pulmonary affections of the aged or those easily relaxed by a warm, damp atmosphere. The tongue is furred either white or yellowish brown; there is a disagreeable taste and aversion to meat, to fat things and to milk. There is thirst with sour or bitter eructations. There is a feeling as though the stomach contained a foreign body. The patient has passed the stage where *nux vomica* or *pulsatilla* should benefit; the stomach is suffering from continued debauches; it feels tense and full. There is a tender, full and

sore abdomen. The remedy is useful in dysentery with offensive stools and great prostration.

The key-note of the remedy is adynamia and that is attended by failure of the circulation, blueness and coldness of the surface; the pulse becomes thread-like. There is a picture of collapse, but it is the collapse of slow disintegration, the result of slow-wasting processes or of old age.—(T. H. Carmichael, M. D., in *Hahnemannian Monthly*).

Curantur vs. Curantur. Dr. B. Fincke gives the most logical construction on this mooted question in the *New England Medical Gazette* for June that we have seen. He says: "It is true that Hahnemann repeatedly used the Latin formula with the *"copula curentur,"* but only in the introduction to the *Organon*. It is evident that Hahnemann was satisfied with the simple motto *"similia similibus"* for the *"copula"* does not appear in any of his works until 1819, when as the result of intense opposition met by him, he for the first time assumed an imperative mood. It is more significant that no where in the text of his *Organon* in all its five editions can be found the Latin sentence, *"similia similibus curentur,"* when he speaks of the homœopathic law. Hence the writing of *"curentur"* is by no means binding in the reverence due to the master and consequently need no popularizing for the approaching centennial celebration of the enunciation of this therapeutic rule, because it fails of its object. On the contrary the motto, *"similia similibus"* might be considered but an intimation of the wider range of the Hahnemannian principles since nothing in the world ever moves who has its being except on this universal principle of assimilation on the universal principle of gravitation.

Action and reaction are equal and contrary, finds its proper application in the science and art of healing by adding to the Hahnemannian original writing *"similia similibus"* the *"copula curentur."* As the positive mood is used in that grand law of motion, so it should be also employed in the grand law of healing, the homœopathic law. Now the principles of Hahnemann is used by the incontrovertible proposition "that like cures like."

Since the original meaning of *"curare"* is taking care or attending to the sick, *"copula curantur"* might better be replaced by *"Sanantur"* as far as the principles of healing is concerned. But Hahnemann's sagacity preferred the term *"curentur,"* because it included in the philosophical principle the therapeutic rule, which enjoins physicians to attend to the sick according to his newly proclaimed principles. For this reason the term *"curantur"* recommends itself in the place of *"sanantur."*

Returning to the above mentioned law of motion, it might be objected that the word equal has nothing in common with the *"simile"* in homœopathics. But a little reflection will show their intimate relation. The *"simile"* belongs to a series, the highest degree of which the *"simillimum"* can be nothing else but the equal of Newton, for no two things or actions can be the same, only equal as they are more or less similiar and attain to the highest degree in the *"simillima."*

Hahnemann though giving no definition of *simile* says decidedly and repeatedly that symptoms of diseases are healed by remedies which can produce the similar symptoms on the healthy.

Now, it stands to reason that the more similar the symptoms are, the more chance of healing, and consequently the more similar or equal the most successful in restoring health to the sick.

It should, therefore, recommend itself to use the motto, *"similia similibus"* as proclaimed by Hahnemann in the afterward complete form *"similia similibus curantur,"* thus finally to lay the ghost of that ever recurring controversy about a matter which after all is not of the importance attributed to it.

Book Reviews.

Lippincott for July. The complete novel in the July issue is "A Judicial Error," by Marion Manville Pope. It is a strong story, based on a murder for which the wrong man was convicted and hanged. He has a friend who determines to prove his innocence, and does it. This plot involves some rousing scenes and situations, and the author has not been slow to improve her opportunities. "A Twenty-dollar Bill," by Algernon Tassin, is a pathetic tale of honesty among the very poor and in the face of the strongest possible temptation—to save a sister's life. Gillam W. Ford tells about "The Rector's Game-cock," which came to minister in a singular way, and was thenceforth a bird of peace. Jean Wright narrates briefly "An Old Story"—which is not a familiar or commonplace one at all—of the army. A Russian, who for obvious reasons withholds his name, writes forcibly on the "Decadence of Modern Russian Literature." His terrible array of facts shows clearly, what might be expected, but has not been much thought of at this distance, the benumbing effect of despotism when vigorously exercised through a censorship of the press. "My Rural Experience" is one of the last papers which the lamented Prof. Boyesen wrote, and one of the best. He loved his summer home on Long Island, revelled in his peaceful vacations there, and enjoyed to the full his communion with Nature, escaping from the man-made town. Annie Steger Winston writes with feeling and instructively on "The Southern Ideal." Caroline T. Bansemer tells the story of "Yankee Doodle"—the song. John Sheridan Zelle supplies a little essay "On Being Fond of One's Thoughts." "With the Trade" instances some of the unadvised efforts, requests, and woes of beginners in literature. The poetry of the number is by Florence Earle Coates, Margaret Gilman George, Jenny Terrill Ruprecht, and Grace F. Pennypacker.

The Atlantic for July. The *Atlantic Monthly*, which begins a new volume with the July number, securely holds its own place as the foremost of our periodicals in its literary quality, and it shows also a firm and ready grasp on the important topics of the time. Hon. E. J. Phelps, ex-Minister to England, discusses Arbitration and our Relations to England, showing what arbitration may do and what it cannot do, and what diplomacy ought to accomplish,—in short what England owes to us and we to England,—and the best methods of advancing international amity and the progress of mankind. In an article that goes much further with one branch of the same subject, Prof. George B. Adams, of Yale, argues that the key to the world-supremacy, is held not by England, but by the United States. Prof. Adams's statement of the changed relations of the great nations to one another, now that the world has become so small, is suggestive of such a career for our own country and our system of government as our most ambitious statesmen have hardly dreamed of. Along with these papers of international interest is an article by Mr. E. L. Godkin, editor of *The Nation*, on The Real Problems of Democracy, apropos of Mr. Lecky's new book on "Democracy and Liberty." Mr. Godkin fear-

lessly points out the dangers that our institutions have encountered, in a hopeful but very frank tone. His paper is a political study of unusual breadth. The unprecedented rapidity of scientific discovery makes pertinent Prof. John Fiske's comprehensive summary of *A Century's Progress in Science*. The story of the modern revolution in practical achievement and in thought has never been so dramatically told within so brief a space. It has all the qualities of a great romance, as indeed it is—an unparalleled narrative of human progress. Mr. George W. Cable takes the reader into his confidence and pleasantly tells the secret of the novelist's art—as far as it can be told—and discusses the aims of the literary artist in an article that he calls "Speculations of a Story-teller." The series of practical articles on educational subjects becomes even more practical in this number, which contains six professional autobiographies of successful teachers and superintendents of the public schools. They write so frankly of the hindrances that they encounter that no one can be said to know the public-school system who has not considered it from this point of view. These "confessions" are in several respects little less than startling.

Literary Notes. The *Review of Reviews* for July is a strong political number. The portraits of prominent men of all shades of politics are numerous and interesting, and the editorial comment on the present situation is luminous. The *Review* is the only monthly which is able to keep fully abreast of all political movements and changes. It is never caught napping. The action of the St. Louis Convention on the 18th of June is already history to the *Review of Reviews* which appears on the first day of July; indeed, that action had been definitely and accurately predicted in the number of the month previous. The *Review* has shown such possibilities in political magazine journalism as had not been dreamed of in the philosophies of the magazine editor of the conventional type. The most thorough and authentic study of William McKinley's character and career that has yet appeared in periodical literature is contributed to the July *Review of Reviews* by Mr. E. V. Smalley, the well-known journalist, whose intimate knowledge of Republican party politics and long acquaintance with the public men of Ohio render him peculiarly adapted for such a task. Mr. Smalley was himself born and reared on the "Western Reserve," and only forty miles from McKinley's Poland home, and he writes with full personal knowledge of the Major's early environment. The article is well illustrated.

A Text Book of Bacteriology, by George M. Sternberg, M. D. LL.D., Surgeon General of the U. S. Army. Wm. Wood & Co., publishers, New York. Almost every investigator of the subject of bacteriology is familiar with the works of Dr. Sternberg and will look forward with pleasure in the anticipation of the valuable suggestions together with authoritative statements of this master of science. The subject matter is sufficiently complete to make it a thoroughly reliable text book, and at the same time, its arrangement is such that the student of medicine may profitably use the work in the investigation of these different products in the laboratory.

A Text Book Upon the Pathogenic Bacteria, by Joseph McFarland, M. D., W. J. Saunders, Philadelphia, publishers. Price \$2.50 net. This work of about 350 pages is by the demonstrator of pathological anatomy in the medical department of the University of Pennsylvania, and simply gives his method for the observation of the different forms of pathogenetic bacteria. It is prepared for the use of students in the laboratory and makes little pretension toward the discussion of the part played by bacteria in the manifestations of disease.

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Materia Medica.

DIFFERENTIAL ANALYSIS—ACONITUM, GELSEMIUM AND ARSENICUM.

EDWARD FORNIAS, M. D., PHILADELPHIA, PA.

FEVERS.

Aconitum. FEBRICULA, SYNOCHA, SIMPLE CONTINUED, OF STHENIC OR ERETHISTIC TYPE, without any qualitative blood-changes, pathological lesions, or especial localization, and attended by *increased thermogenesis, pulse-rate and respiration, evening exacerbations, anxiety, fear of death, extreme restlessness, tossing about, diminished secretions and excretions, dryness of the skin and mucous membranes, intense thirst, nocturnal delirium, and abnormal general sensations.* In all CATARRHAL, EXANTHEMATOUS, RHEUMATIC, OR INFLAMMATORY FEVERS, beginning with the vascular excitement, which always prevails before the disease is fully developed.

Gelsemium. NERVOUS CONTINUED, TYPHOID, EXANTHEMATOUS, CATARRHAL (influenza), *of asthenic or sub-erethistic type*, with symptoms of irritation and depression, allowing to infer changes in the blood, and comprising *vertigo, staggering, languor, drowsiness, stupor, hyperthermia, loss of muscular power, exhaustion, semi-conscious mutterings, bruised feelings, heavy dropping of eye-lids, dull headache, soreness of the eye-balls, restlessness, insomnia, trembling, jactitation of the muscles, tendency to convulsion and other disorders of sensation and motion.* In INFLAMMATORY

FEVERS it corresponds to that stage in which the blood-vessels are dilated and full, but lack the firmness and resistance of the fully developed sthenic inflammation.

Arsenicum. NERVOUS CONTINUED, TYPHOID, SEPTIC, HECTIC, EXANTHEMATOUS, *of asthenic, ataxo-dynamic, or malignant type*, with positive *blood-changes* (deterioration, disintegration), and attended, on the one hand, by *extreme anguish and restlessness, constant unrefreshing thirst, intolerance of liquids, protracted hyperthermia, trembling, fainting, muttering delirium, thready pulse, rapid sinking of the forces and profound debility*; on the other hand, by *sordes, tympanitis, diarrhæa, hemorrhages, ecchymoses, petechia, serous effusions, anæmia, and emaciation*. In all INFLAMMATORY FEVERS (acute or chronic), characterized by *malignity, mal-nutrition, decomposition, and even destruction of the parts involved*.

Aconitum. PERIODICAL. Bears no relation to any fever, or type of fever with blood-changes or periodical return of the attacks. The blood does not suffer any qualitative alterations. None of its symptoms point to intermittency or periodicity. It is never indicated in any fever dependent upon blood-infection, or the introduction of a specific poison into the system. *The fever indicative of this drug is purely sthenic, begins with the initial chill or chills, and the dry heat follows and continues until a critical sweat brings relief*, or a marked localization, complication, or change of type call for another remedy. In *intermittent fever* it may be indicated only in recent cases, if the symptoms agree and the attack occurs in young persons, especially girls, of full plethoric habit and sedentary life; easily affected by atmospheric changes. (Allen).

Gelsemium. PERIODICAL. INTERMITTENT AND REMITTENT MANIFESTATIONS. *Regular periodicity, the attack returning every day at the same hour* (quotidian). BILIOUS REMITTENT TYPE. The *paroxysm* may commence without chill, or *with ASCENDING CHILLS, creeping up the back and following each other in rapid succession from sacrum to occiput*. The USUAL ATTENDANTS are: *prolonged heat and sweat, adipsia, aching in the back and limbs, muscular soreness, languor, loss of motor power, aversion to motion, vertigo, staggering, headache, heavy eye-lids, and semi-stupor*. The SWEAT is profuse and relieves the pains. The APYREXIA is often wanting, or very short, with *lassitude and prostration*. CHANGE OF TYPE, *from remittent to intermittent, or vice versa*. RECENT

CASES, *without visceral lesions, or complications.* Contracted at sea-shore, wintered over, and developed in early spring. *Unfold under the influence of emotional excitement, or depression.*

Arsenicum. PERIODICAL. INTERMITTENT, REMITTENT, MASKED, and PERNICIOUS MANIFESTATIONS. MALARIAL CACHEXIA. *Irregular periodicity; the attack occurs at all hours.* Anticipates one hour every other day. The *intermittent paroxysm is violent, long-lasting, incomplete*, the one or the other stage being usually absent, or feebly present, and composed generally of an *irregularly developed, undefined CHILL, intense protracted HEAT, late post-hyperthermic SWEAT*, lasting all night, *or no sweat at all*; and it is attended by an *insatiable thirst, intolerance and rejection of liquids, and great restlessness*; followed by *extreme debility and prostration*, and after repeated attacks by *mal nutrition, emaciation, anæmia, dropsy, and enlargement of the spleen and liver.* The APYREXIA is rarely clear. ADVANCED CASES, *with visceral lesions.* Contracted at sea-shore, coming on in the autumn, or "wintered over" and developed in the spring. *After failure of quinine.* SPOILED CASES.

MIND AND SENSORIUM.

Aconitum. The MENTAL DISTURBANCE is principally expressed by an INCONTROLABLE ANXIETY, with AGONIZED TOSSING ABOUT, PITIABLE WAILING, and FOREBODING AND FEAR OF APPROACHING DEATH. The PATIENT is *anxious, restless, impatient, irritable, despondent, concerned of the present and future, and afraid of a crowd, or of crossing busy streets.* Music is unbearable, it makes her sad; has no affection for anybody. The SENSORIUM is not depressed enough for stupor, but *irritable enough for hallucination and delirium.* The DELIRIUM is usually *wild and nocturnal. Raves, springs out of bed.* The VERTIGO occurs on rising from a recumbent posture, with fainting and pale face. *Ailments from fright, anger, or chagrin; child has spells of rage.*

Gelsemium. The MENTAL FACULTIES are *dull, and there is inability to attend to anything requiring thought.* Any mental effort is followed by a *sense of helplessness*, as if from brain exhaustion. The PATIENT is *languid, giddy, confused and staggers* if he attempts to move; or *irritable, impatient, or desires to be let alone*; he may even be despondent, solicitous of the present, and fear death. The SENSORIUM exhibits signs of *irritation and depression*, but the latter are more characteristic. The DELIRIUM is *calm* and consists of a *half-waking, with incoherent talk.*

VERTIGO as if intoxicated, with *blurred vision*, or *headache*. *Complaints from bad or exciting news; from some unusual ordeal.*

Arsenicum. The MENTAL DISTURBANCE is principally expressed by an UNAPPEASABLE ANGUISH, *which amounts sometimes to FRANTIC DESPERATION*, and is always attended by *unremittent restlessness*, which increases as the night advances and cannot be quieted by any change of posture, or motion. The PATIENT is not only *weak, faint, restless and despairing*, but *dreads death*, or is *indifferent, melancholic, and inclined to suicide*. The SENSORIUM exhibits symptoms of IRRITABILITY and DEPRESSION. Hallucination and delusions. Sees vermin; throws away bugs by the handful, etc. The DELIRIUM is violent, in *chronic alcoholism; muttering, in the typhoid state*. VERTIGO of *malarial origin; in ill-nourished, or anæmic patients*. *Evil effects from the abuse of alcoholic drinks. Mania a potu.*

DISORDERS OF SENSATION AND MOTION.

Aconitum. SENSATION. VIOLENT CHILL, or *feeling of chilliness*. The CHILL *may ascend from feet to chest*, with internal heat and sensation of hot water in the head, or *from extremities to head and face; heat, vice versa*. The CHILLINESS is *provoked or increased by uncovering, lifting of bed clothes, the slightest motion or touch*. Cold sensation alternating with flushing and heat. *Coldness, with REDNESS AND HEAT OF ONE, COLDNESS AND PALENESS OF THE OTHER CHEEK*. *General dry, burning heat, with great nervous excitability*. BURNING AND STINGING. LAMENESS AND NUMB FEELING IN AFFECTED PARTS. *Bruised feeling. Painful sensitiveness of the parts*. INTOLERANCE OF TOUCH. *Intolerable lancinating, tearing pains, especially at night, causing wailing and crying. Throbbing and shooting, in the forehead and temple. Burning headache, as if the brain were agitated by boiling water. Fullness and pressure in the forehead*. NEURALGIA of the fifth Pair.

Gelsemium. SENSATION. CHILLINESS AND CREEPING CHILLS ALONG THE SPINE, *from below upward, following each other in rapid succession*. HEAT, *intense, long-lasting*, sometimes protracted far into the night. *Heat in the face, with besotted expression. Hands and feet cold*. Flying heat after the chill, with pricking in the skin, rapidly followed by sweat. SENSATION OF FALLING in children; *child starts and grasps attendant or crib, and screams out from fear of falling*. General dry, burning heat, with

predominance of nervous symptoms. *Tingling, pricking, crawling.* BRUISED FEELING. *Dull aching in the lumbar and sacral region, with loss of power in the limbs. Deep-seated muscular pains in the limbs. Acute, sudden, darting pains; shooting, tearing, along the tracks of nerves.* PAIN COMMENCING IN THE CERVICAL SPINE, EXTENDING OVER THE HEAD, AND CAUSING A PAINFUL BURSTING IN THE FOREHEAD AND EYE-BALLS. *Dull, dragging pain in occiput, mastoid, and upper cervical region, extending to shoulders.*

Arsenicum. SENSATION. CHILLS AND COLDNESS. *Constant chilly feeling, hangs over the stove.* IN PERIODICAL ATTACKS THE CHILL is irregularly developed, never clearly defined; simultaneously, or alternating with heat; mingling of heat and chilliness; >by external warmth. *Internal chill, with external heat and flushed cheeks. Internal heat, with external coldness, and cold, clammy sweat.* INTENSE, LONG-LASTING, DRY, BURNING HEAT, pungent to the touch, with inclination to uncover. A general feeling as if hot water were poured over the body, or as if hot water flowed through the blood vessels. BURNING PAINS IN THE INTERNAL AND EXTERNAL PARTS. *Numbness in the limbs.* Formication along the spine. *Tearing pains in the track of various nerves, appearing periodically. Pains as if red-hot wire were drawn along the nerve.* INTERMITTENT HEMICRANIA and PROSOPALGIA. *Neuralgia in brain as if it were being torn to pieces. Sensation of wobbling in brain.*

Aconitum. MOTION. SHIVERING, CHATTERING OF THE TEETH, SEVERE SHAKING OF THE BODY. *Jerks of the left leg or arm. Spasmodic yawning. Startings* Twitches of single muscles. *Spasms* from inflammation of the spine. *Arms hang powerless, as if paralysed by blows. Legs feel tired, powerless; or stiff and numb, after taking cold. Paralysis of the limbs.* EXTREME RESTLESSNESS, and anxious tossing about.

Gelsemium. MOTION. JACTITATION OF THE MUSCLES. *Jerking of the limbs.* TENDENCY TO CONVULSIONS. *Spasms from reflex irritation. Spasm of one leg. Paralytic condition of the lumbar and sacral muscles, in one wrist.* PARALYSIS OF MOTION. LOSS OF MUSCULAR POWER, THE MUSCLES DO NOT OBEY THE WILL. *Heaviness of the eye-lids, cannot be kept open in spite of all efforts. Fleeting paralysis.* LESS RESTLESSNESS, BUT MORE DEPRESSION THAN IN ACONITE.

Arsenicum. MOTION. *Shuddering when walking in the*

open air. TREMBLING, *violent starting, jerking of the limbs, even spasms.* FREQUENT FAINTING. RAPID SINKING OF STRENGTH. *Impeded functional activity.* *Great weariness of the legs.* PARALYSIS. PERSISTENT NERVOUS RESTLESSNESS, ESPECIALLY AT NIGHT, DRIVING PATIENT OUT OF BED IN DISPAIR, and FROM PLACE TO PLACE FOR RELIEF. NOCTURNAL UNEASINESS AND JACTITATION OF THE LOWER LIMBS.

VASCULAR PHENOMENA.

Aconitum. CIRCULATION. ERETHISM. *Quantitative alteration.* NO BLOOD-CHANGES. *The arterial current is powerfully excited, the capillaries are paralysed, and hence,* ACUTE ENGORGEMENT OF ALL THE TISSUES AND ORGANS OF THE BODY, especially of the brain, spinal cord, serous and mucous membranes, muscles and joints. FIRST STAGE OF STHENIC INFLAMMATION, *before the disease is fully developed.* The ATTENDING ERETHISM is *characteristic, short-lived, and holds equal pace with the fevers.*

Gelsemium. CIRCULATION. *Erethism.* *Qualitative and quantitative alterations.* SLIGHT BLOOD-CHANGES. *The blood-flow is sluggish, and gives rise to both, arterial and venous congestion,* especially of the brain, spinal cord and liver. INFLAMMATORY CONDITIONS, *in which the blood-vessels are dilated and full, but lack the firmness and resistance of the fully developed sthenic inflammation.* The ATTENDING ERETHISM is *not so marked, and subsides as the forces fail.*

Arsenicum. CIRCULATION. ERETHISM. *Qualitative and quantitative alterations.* PROFOUND BLOOD CHANGES, *as evinced in the hemorrhages, ecchymoses, petechiæ, exanthema, ulceration, gangrene, dropsy, and anæmia.* CIRCULATORY AND INFLAMMATORY GRADATIONS; *from slight acceleration to violent excitement, from simple congestion to destructive inflammation.* The ATTENDING ERETHISM is *characteristic, holds equal pace with advancing adynamia, and even persists when life seems almost extinct.*

Aconitum. HEART. VIOLENT PALPITATION, *with great anxiety and jactitation,* or with a feeling as if boiling water was poured into the chest. PRECORDIAL ANXIETY *with fear of death.* CARDIAC OPPRESSION, *with burning flushes along the back.* ATTACKS OF STABBING PAINS, *extending from the heart down the left arm, with numbness and tingling in the fingers and a sense of impending death.* SYNCOPE. *Functional disorders.* *No organic changes.*

Gelsemium. HEART. *Irregular beating. Heart's action is feeble, slow, or depressed; hands and feet cold (Myocarditis).* FEELING AS THOUGH THE HEART WOULD STOP BEATING IF NOT CONSTANTLY ON THE MOVE. (*Cardiac neurosis*). Rhythmical disturbance of the heart's beat, with intermittent pulse; <lying, especially on the left side. *After protracted fever, the cardiac muscle and pulse grow weak (Cardoasthenia).* *Uncomplicated disease.*

Arsenicum. HEART. TUMULTUOUS PALPITATION, *visible and audible, chiefly at night.* PALPITATION WITH ANGUISH, *cannot lie on the back, increased on ascending.* Heart beats more rapidly and stronger when lying on back. HEART DISEASE, *with precordial tightness, distress, dyspnœa, restlessness, cold sweat and fainting.* ATTACKS OF PRECORDIAL PAIN, RADIATING TO THE ARMS, WITH SENSE OF IMPENDING DEATH. *Angina pectoris. Cardiac failure. Myocarditis, Pericarditis, Hypertrophy, Valvular disease.*

(Concluded in September number.)

MORNING DIARRHŒA.

M. E. DOUGLASS, M. D.

Agaricus: Diarrhœa mostly in the morning, after rising and eating, with much rumbling; crampy colic and passing of wind. Passes much inodorous flatus. Stools: grass green; bilious;—thin, yellow, fecal, slimy;—poppy, with cutting in the abdomen and much wind;—bloody, dysenteric. Diarrhœa relieves headache. (Alum, Apis, lachn).

Alæ soe. Urging wakens at night, drives out of bed at 6 a. m. Stool: small, brownish, slimy, half fluid;—yellow, poppy;—bloody, jelly-like mucus, and feces with much spluttering flatus;—stool and urine escape together.

Dioscorea Vill. Loose stools, with much straining. Painful diarrhœa, with much straining; diarrhœa early in the morning, driving one out of bed in a hurry; each stool has more straining than the preceding one, and is more slimy.

Natrum Sulph. Loose morning stools, particularly after a spell of wet weather. Stools dark, bilious or of green bile.

Podopyllum: Diarrhœa early in the morning; stools green, sour, with much flatulence.

Rumex: Morning diarrhœa; brown and watery; preceded by urging, and pain in abdomen.

Sulphur: Diarrhœa some hours after midnight, or driving out of bed early in the morning.

Institutes of Medicine.

“IN THE SEARCH FOR THE SIMILLIMUM SHALL WE ENDORSE
SECTION 18 OF THE ORGANON, WHICH SAYS THAT
THE TOTALITY OF THE SYMPTOMS MUST BE
THE SOLE INDICATION TO DIRECT US IN
THE CHOICE OF A REMEDY?”*

WM. BERICKE, M. D., SAN FRANCISCO, CAL.

Hahnemann's teaching on this point is expressed in full in paragraph 18 of the *Organon* as follows:

“It is unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence, it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the *only indication* to guide us in the selection of a remedy.”

And again in paragraph 70 he says:

“All that a physician may regard as curable in diseases, consists entirely in the complaints of the patient, and the morbid changes of his health perceptible to the senses; that is to say, it consists entirely in the totality of symptoms through which the disease expresses its demand for the appropriate remedy; while, on the other hand, every fictitious or obscure internal cause and condition, or imaginary, material, morbid matter are not objects of treatment.”

In order to answer this question intelligently, it is necessary to define more in detail the idea of totality of symptoms as taught by Hahnemann and as understood by his more thoughtful disciples.

Hahnemann's totality of symptoms consists in the system ascertaining of all the symptomatic facts necessary to determine the curative remedy. The totality includes every change of state of mind, every changed condition of body, thus every deviation from health. It includes every subjective symptom that the patient can describe accurately enough to be interpreted by the physician and every objective symptom the physician can discover by his senses, aided by all diagnostic instruments of examination. The characteristics of such a totality are its capacity of expansion and development commensurate with the

*Read at Detroit meeting of Materia Medica Conference.

progress of medical knowledge in every direction. Hence, Hahnemann's Totality today is a much more complete thing than it could possibly have been at his time before the days of physical examinations, of chemical and microscopical analysis, etc. While this is true theoretically, it is as yet of little practical value, because our knowledge of pure drug pathogenesis is not correspondingly complete and awaits the pharmacological investigator of the future. Until then, in the treatment of most cases the true Simillimum must remain the ideal goal, to be striven for but rarely reached. The Simillimum is indeed a realizable ideal, but as a rule, the prescriber must be satisfied with the selection of a mere *Similar* instead. Fortunately the very conception of Similarity is one of *relative* nearness and does not express an *absolute* relation—it is comparative always; a drug is *more* or *less* similar and I think the Simillimum to a given case is rather a rare prescription. Moreover, the experience and practice of the school teaches that any one of several more or less Homœopathic remedies may be used with alike good results, that it may be sufficiently Homœopathic to bring about nature's reaction. If it were not true that such a practical realization of Similarity is always within the reach of the Homœopathist, and that it yielded good curative results, albeit not so prompt as would result from the administration of the Simillimum, our practice would be largely useless.

It seems to me that this is an important point in answering our question, that a curative response is obtained from a remedy more or less similar, one falling short of the dignity of the Simillimum and yet not thereby removed from capacity of useful curative service.

Again, Hahnemann's Totality is not a mere enumeration of the symptoms, but rather an organized and systematized arrangement of them according to certain definite principles of intrinsic value and hence of rank. It is not a Totality of mere number—of quantity—but a Symptomatic human form, ensouled with distinctive characteristic individual life—a Totality of Quality.

In order to arrive at this, a winnowing process must be instituted after we have obtained all the symptoms of the patient, by eliminating the general symptoms and interpreting and arranging the rest according to their relative value and thus individualize the case under treatment.

In paragraph 83 Hahnemann says:

"Individualization in the investigation of a case of disease, demands on the part of the physician, principally unbiased judgment and sound senses, attentive observation and fidelity in noting down the image of the disease."

Hahnemann's first rule here is that the characteristics of the case must be similar to the characteristics of the drug.

Paragraph 153. The more important, uncommon and peculiar features of the case are especially and almost exclusively considered and noted, for *these, in particular, should bear the closest Similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. By this individualization, then, we eliminate the general symptoms common to similar pathological conditions and present to view the individual patient, as the pathological process affects *him*. The morbid forces of the disease unite themselves more or less with the inherent weaknesses and disease tendencies, hereditary or acquired, of the individual, and give us his peculiar and therefore characteristic symptoms. But we must not always expect to find these characteristic symptoms expressed in the very words of the provings. We must learn to interpret them by the study of the expressions of the different provers, and learn to eliminate the narrow boundary line of the words, and in this way get at the real genius of the drug where we will find the characteristics that we are looking for in making up our totality.

Hahnemannian Similarity differs greatly, as is evident, from the Pathological Similarity, which consists in matching diseased conditions and ultimate organic lesions by remedies producing similar organic changes. The defect of the pathological Similarity is its completeness, it presents but a partial view and is therefore not a complete totality and thus not a reliable guide to the selection of the Simillimum. Add to it, the patient's peculiar and hence characteristic symptoms and we obtain the Hahnemannian totality.

Practical experience in Homœopathic practice has given some further distinctions in value of symptoms according to rank for purposes of accurate prescribing. And foremost in its ability to discriminate between symptoms, is a knowledge of pathology. This interprets the symptomatology for us and distinguishes between an external apparent homœopathicity and a truer and more real homœopathic relationship in harmony with the whole

process of disease and character and type of the morbid manifestations. It distinguishes between primary and reflex symptoms and secondary modifications of health, it gives to each symptom its rank as seen, not when considered alone, but in its relation to all the rest. It distinguishes between the absolute symptoms of the disease essential for diagnosis and the peculiar symptoms of the patient essential for the selection of the remedy, and while the former, *by themselves* are unimportant for purposes of prescribing, they become valuable guiding symptoms and assume front rank when attended by any modalities or concomitants. Indeed, symptoms that affect the general organism are of the greatest value, hence in our estimation of the totality, the modalities assume the most important part.

In the arrangement of the Totality the *mental symptoms* of the patient, when at all marked, are most important in determining the choice and even more important prognostically and as indication of a well chosen remedy, improvement being often foreshadowed in this sphere.

As a further aid in arriving at a practical view of the Totality, the immediate cause of the present illness, if determinable, or the exciting factor, will be of paramount importance in the selection of the remedy. This Hahnemann also teaches in paragraph 5, in *Organon*.

"The physician in curing derives assistance from the knowledge of facts concerning the most probable cause of acute disease as well as from the most significant points in the entire history of a case of chronic disease; aided by such knowledge, he is enabled to discover the primary cause of the latter, dependent mostly on a chronic miasm."

This gives on the one hand an important place to the first, or oldest symptoms, and to causes, however remote; and on the other hand, it elevates to commanding importance signs of constitutional defects the underlying psoric conditions. Unquestionably, such frequently modify, and relegate to comparative insignificance symptoms of acute disorder, and favor the selection of a deep acting antipsoric remedy even in acute disorders. Its selection would be justified by its relationship to a truer similarity than would be expressed by an uninterpreted totality of symptoms.

And again, the very *latest* symptoms deserve precedence in determining the choice of the remedy, especially in acute diseases, while in more chronic affections, when the latter mani-

festations are mere secondary effects of the pathological lesion, they are not of the same guiding importance as the prodromal symptoms which determined the development of the organic lesion.

Other methods of arriving at the curative remedy have been advocated from time to time and whatever success their application has met with, can only be explained by the readiness with which a *similar* remedy responds even if it is not the *simillimum*. Chief among these shortcuts for the selection of the remedy are the Key note systems, the pathological basis, and the impressionists method, all of which are familiar to students of Homœopathy.

While acknowledging a legitimate place at times for all of them, the constant dependence on any of them as a basis for selecting the remedy must be found delusive. They are all deficient in meeting the requirements of the case. The Key-note system is a reprehensible practice, tending to undue elevation of certain minor symptoms both in the patient and remedy and disregarding the more careful study or rational interpretation of the case and of the remedy as a whole. I am afraid that it leads to permanent mediocrity, if not to retrogression in the study of *Materia Medica*, and is certainly unable to survive the application of modern scientific methods.

The defects of the Pathological basis are its incompleteness and since it is but a partial picture of the totality of symptoms, is therefore an unreliable basis for a prescription.

The Impressionist method pointed out by Professor Allen is an alluring one, but wholly out of place with the beginner, or indeed, average practitioner. To be sure, the genuine student of *Materia Medica*, if he is at the same time a practitioner of much experience and gifted with a scientific use of the imagination, will sooner or later become possessed of an intuitive understanding of the genius of a drug that may be as accurate in its supplemental knowledge of the possibilities of drug usefulness, as the recorded pathogenesis, but such is given only to the gifted few and is practically beyond the reach of the ordinary practitioner to whom the method is dangerous, opening the door to all sorts of vagaries about drug action. At all events it can never be hoped for by the discipline of close study of the actual provings, and discriminating observation at the bedside.

Nothing remains for us then, but the Hahnemannian Totality.

A Totality so arranged is unquestionably the true basis for a prescription of every chronic disease certainly and every other form of disease that can be modified by Homœopathic medicine. And even in incurable cases, such a characteristic totality will point out the best palliative remedies; for the Homœopathic remedy, even if not curative is often strikingly palliative, and thus greatly superior to Antipathic palliation with its inseparable untoward effects.

The answer to our question, then, is an unhesitating affirmative.

We cannot hope to attain the highest aim of healing, that is, the speedy, gentle, and permanent restitution of health, in the shortest, most reliable and safest manner, according to clearly intelligible reasons (P. 2, *Organon*) except by following out Hahnemann's directions in regard to the Totality of Symptoms, interpreting this according to the rules briefly given, and which thus interpreted, have been a guiding light for nearly a century of applied Homœopathy.

POISON, FOOD, MEDICINE, AND PRINCIPLES OF MEDICAL PRACTICE.

CHAS. EDWIN DENNIS, M. D., BALTIMORE, MD.

In considering the relation of all matter to man when taken into or brought in contact with his body, a natural classification is observed, poison, food and medicine, corresponding in a certain sense with this great triune division of nature, into solids, liquids and gases. The latter being chiefly recognized by their difference in density the thought is at once suggested the same relation may exist between the former.

Each individual atom or molecule exerts a definite attractive force upon every other atom or molecule of matter. This force apparently increases as the distance between the molecule is decreased. More power is required to remove the fragment of iron from contact with the poles of the magnet, than when a space intervenes between them. Conceive the magnet to be a concentrated point of matter and the force exerted the attraction of gravitation rather than magnetism, the tendency of all matter to form a mass will be more clearly apprehended and the attraction of cohesion be seen to increase as the molecules are brought into closer and closer proximity to each other. The molecules comprising the natural juice of the plant are driven closer together in the tincture and still closer in the alkaloid.

This principle of concentration or accumulation of attractive force as the molecules are driven together—each mass, however small it may be, forming a center of attraction with consequent increase of the power of cohesion, requiring a greater force to withdraw a molecule from the concentrated mass—is the key-note to the conclusions which follow.

The human body being one vast aggregation of cells, liquids and salts and the cells alone having reconstructive power, it will be sufficient for the present purpose to consider them alone. The manifestation of all action of the cell as shown by the work done, is due to the living matter of the cell breaking down a portion of its contents into a lower grade of chemical material, the resulting difference between the two planes of matter being shown in the evolution of force, the power exhibited when the muscles contract, &c. The tissue thus consumed being rebuilt by the cell during rest through the superior attractive power of the living cell drawing in from the blood the material it needs to replace that which has been transformed, picking it up molecule by molecule and laying them in place as the workman lays the stones in the wall he is building. That it is very, indeed exceedingly, minute particles used at a time, by the cell in its process of repairing, needs only to be mentioned to be accepted in these days of advanced science, when the highest powers of the best microscopes continue to reveal lines of organization where none were seen to exist some years ago and the hint of a nervous system in the mass of protoplasm suggests even finer divisions of matter, since the part must be smaller than the whole and the molecules of food to repair or build with must be still smaller. That this fact has been recognized and the sustenance of the cells provided for in a most wonderful way, is shown by even the most superficial study of the digested food prepared for the use of the cells. However solid the ingested food may be or dissimilar in kind, the process of digestion brings it to a certain liquid consistency of quite uniform appearance and properties; the molecules of the chyle thus elaborated being held together in the loosest possible kind of cohesion (ever ready on the slightest provocation to break down into other forms), thus permitting the cell to extract a molecule with a minimum expenditure of attractive force. The animal, vegetable and mineral kingdoms being usually represented in man's daily diet and the fact that his health depends upon his eating a

variety of food, suggests the thought that the cells need atoms or molecules, or very small masses, or compounds of molecules, of different shapes, or of different materials as represented by the different elements, in order to maintain that balance or equilibrium so essential to perfect health. Hence if the digested food, floated to the hungry cell, be composed of minute masses of different shapes or of more than one chemical ingredient, the cell must use discrimination in selecting from the compound thus presented, the proper shaped mass of one or more elements needed. This forces another conclusion, if discrimination is used in this selection, the reparative process must be a purely voluntary act, for even if we could conceive of any power great enough when applied to the cell to compel it to repair itself were the blood to contain but one material in proper condition for that purpose, it must utterly fail in the presence of the many differently formed materials presented to the cell as found in normal blood. To look upon the cells as acting in a purely automatic manner if not illogical and contrary to fact at least involves great difficulties in explaining many of the phenomena of their action. If the cells composing the kidneys be diseased and incapable of properly performing their function of eliminating or excreting urea, the cells of the skin and even those of the mammary glands have been known to aid in doing the work of the kidney. While it is entering the realms of speculation to assert the intelligence manifested by the man, is the sum total or aggregate of the intelligence possessed by the cells, it is quite safe to assume each cell does possess the individual peculiarities of the whole man and approximates in its own limited sphere, in its life and action, to that of the whole man, the difference apparently being largely one of degree.

Consider the resistance offered by the cells to the deposit of fat or calcareous matter where undesirable and their acceptance of the same in the proper places. The resistance offered to the growth and development of embryonic tissue into tumors and foreign growths. The activity of the white blood corpuscle, "the police of the system," in resisting and attacking that which is inimical to the body. How the grain of sand is surrounded and washed out in the stream of pus, the leucocytes dying to protect the body; how the "pointing" so frequently is towards the exterior of the body which is not always the apparent path of least resistance. Pressure of the grain of sand may account for

the fortuitous death of the surrounding cells but does that same pressure account entirely for the rapid accumulation at that point of such a vast number of leucocytes, frequently penetrating the walls of the blood vessels for that purpose, and the ensuing repair, after the offending substance has been removed, or its careful encysting when removed would prove more immediately dangerous to the health of the body. Why does the debris to be excreted always find the proper organ for that purpose? Discrimination is a property of mind. Do the cells possess this property? It is impossible to conceive of a thing without a simultaneous effort to locate it somewhere in space. Mind being an attribute of man, it must have a location within or through his body, similar to that of life. Mind is a process of growth accompanying life action upon matter—the invariable accompaniment of life—for all life exhibits choice and choice is an attribute of mind, whether as manifested by the bit of protoplasm when it chooses the direction in which it shall shoot out its prolongations, or as is seen in the effort of the plant to adapt itself to its changed environment, or in the animal when it exercises the faculty of memory.

There being no life without antecedent life and no life without exercising choice, there can be no degree of mind without antecedent mind. As mind in its beginning is manifested by law, and life by force, and these two cannot be recongized without matter, and force and law act from without upon matter, so man's daily supply of that power which replenishes or furnishes his body with power to act is drawn from without, through the lungs and skin. This energy represents the life principle and when utilized by the body is manifested in the phenomena of life and mind, the two latter being the ascending scale of force and law, perceptible in growth and development. This union of flesh, function and energy, culminates in body, soul and spirit; life being the light which casts the shadow of mind through the obstructing medium of the body. Life being inherent in every cell of the body, every cell must add its quota to the shadow, mind.

Should the life force accumulated in its organ the cell, be exhausted faster than replenished, by overwork or other cause, below the point neccessary to enable the cell to draw in the needed molecules and place them, though the materials needed be brought to it in due course of the circulation of the blood,

however badly it may need them, it is unable to repair itself and remains enfeebled and unable to do its share of the work, compelling other cells to do double duty, when work is demanded, resulting in time in a partial collapse of a larger area from overwork, with consequent diminution of functions, reacting in turn upon other parts of the body, when chronic disease is recognized. Granted the circulation of the blood is unimpeded, though diminished in the affected part, that the vital force is not strong enough to break up the natural cohesion among the molecules of even such a very unstable compound as is furnished in the digested food, how is the disease to be cured? In endeavoring to answer this question, the fact should be ever kept in mind, that it is the cell which uses the remedy or medicine and not the medicine the cell, that the dead matter of the remedy cannot lift itself up to the plane of living matter, but that the living matter of the cell can lift up dead matter to its own plane and that this action on the part of the cell, is purely voluntary, that it is ever struggling to maintain its normal equilibrium and needs no coercing to make it do so. And yet if this be true, what is to be said of the daily practice of almost the entire medical profession, which is based upon the principle of coercing the cells, of whipping the tired animal, of treating the patient's system as one would a balky mule, saturating the system with that which is objectionable, compelling it to work or die to get rid of it; the most highly concentrated substances acting the most powerfully for this purpose. Administering sufficient iron in a week to ten days, to renew the entire quantity of iron contained in the whole body—consider for a moment the consequences should nature use the physician's judgment and attempt to assimilate this vast quantity of iron, instead of excreting it as rapidly as possible.

As each substance is more particularly obnoxious to certain organs than to others, the life or death struggle of these organs to free themselves and the system from the common enemy, results sometimes in temporary relief from pain to the patient, in much the same way the embarrassed banking institution tides over a difficulty by drawing upon its reserve fund, a principle of action universally censured by financiers. A hint as to one mode in which the concentrated preparations referred to effect the cells, may be inferred from the action of concentrated nitric acid containing a little water, when applied to living tissue. Notwithstanding the vital force resists with all its power such a re-

sult, yet the disintegration and destruction of the tissue immediately follows the application of the acid, the attractive force of the concentrated masses of the acid, being greater than the resisting force, draws the molecules of the tissue to itself, forming a new compound. That this action is due to the concentration of the molecules of the acid, is shown by the fact, if before applying the acid to the tissue, still more water be added to the acid, thus separating its molecules widely, no destruction of tissue follows, notwithstanding it is chemically the same substance which previously caused the destruction of the tissue, the only change made having been the addition of more water.

There is another principle of treatment, however, diametrically opposed to Coercive, viz: Co-operation by the physician with the cells, and in carrying out this principle, the physician, instead of operating the patient's body as he, the physician, thinks best, causing him to vomit, perspire, urinate, defecate, etc., according to the diagnosis he may make, occupies a less presumptuous sphere, by endeavoring to find the substance needed by the cells and relying upon their desire to use it, when brought to them in the blood, administers it in such a finely divided state, the feeblest cells are enabled to pick it up and use it. This fine division he accomplishes by dilution and succussion and so separates the molecules, until their cohesive attraction is reduced to a minimum and the resistance offered by the remedy to the attractive force of the feeblest cell, is practically destroyed. It being a purely voluntary act upon the part of the cell, when it draws in and uses the remedy, it becomes absolutely necessary if the physician is co operating with the cell, to not only put the remedy into the system in a highly divided state, but, the exact substance desired should be obtained and so administered, for if it is not what is needed, the diseased cell rejects it and the healthy cell having no use for it, no perceptible reaction, theoretically, would follow.

Practically, however, this negative result with even the poorest prescription rarely occurs. The remedy having been carefully tested by many repeated experiments upon healthy individuals and its sick making capacity clearly developed and recorded, even to very minute detail (for no words should be disregarded as unimportant in the accurate language which nature speaks), including mental and moral symptoms and those puzzling, peculiar symptoms whose pathological basis seems so uncertain,

whether given on the principle of opposite or similar action, will produce a reaction, according to the analogy existing between the symptoms of the patient and those capable of being produced by the remedy, as every drug has running through its entire field of operation, a dual action, which if manifested primarily as a diarrhoea, the secondary effect will be constipation, etc., either symptom pointing to the substance needed. The nearer the approximation to the exact substance desired by the cells, the less frequently the dose need be administered and if a very large area be diseased, the great reaction due to the many cells of the long dormant part beginning all at once to repair themselves, with the consequent increase of the flow of blood to the parts, producing distension, pressure upon the nerves and pain in the tender parts—this is the aggravation—may be controlled largely, if not entirely, by the amount of dilution effected in the preparation given, ranging from that degree of concentration forming the neutral ground of food, to that in which even the feeblest cells can utilize it. Thus the reaction being less violent, if the remedy be administered in gradually increasing dilution, allowing the strongest cells to repair themselves first, their attractive force being just sufficient to overcome the cohesion of the molecules of the remedy when the correct amount of dilution has been obtained. If work is to be done and repairing is work, a necessary amount of time should be allowed for the work to be done in and when the reparative process has once begun, any unnecessary repetition of the dose can only delay, rather than hasten, the desired end, by embarrassing the cells with a surplus of material.

Finally to summarize the ground just covered we find:

1. A medicine is that needed substance which in a diluted state is acceptable to the frame-work of the diseased cells.
2. A food is a substance existing in a neutral or intermediate degree of concentration, midway between poison and medicine.
3. A poison is an unnaturally or highly concentrated substance, objectionable to all the cells.
4. That the cells repair themselves.
5. That this action is purely voluntary.
6. That very minute particles are used by the cells.
7. That the digested food is in a state of loose cohesion.
8. That the vital or attractive force of the cells can be reduced below the point necessary to utilize the desired material brought to it.

10. That the action of the substance thus diluted, depends upon the amount of dilution and the degree of approximation to the exact substance needed by the cells.

11. That the action of the cells being voluntary, no action is produced (theoretically) when the wrong diluted substance is administered.

12. That the reaction depends upon three things,—

(a). Extent of area and degree of vitality of the diseased part.

(b). Approximation to exact substance needed.

(c). Extent of dilution of this substance.

And finally that there are two modes of treating disease in vogue, one based upon the principle of Coercion of, the other of Co-operation with the cells. That the class of drugs used by those who practice, the former are poisons whose chief or primary action is *entirely upon the healthy cells* (blisters, purgatives, emetics, anodynes, etc.), and that those who co-operate with the cells use dilutions *which act only upon the diseased cells*; that in the practice of the former, or Coercive principle, the intelligence alone of the physician is used with resistance by the cells while in the practice of the latter, or Co-operative principle, the intelligence of the physician is used, assisted by the cells and their active co-operation is assured.

DYNAMICS.*

A. M. HOLCOMBE, KOKOMO, IND.

Two of the cardinal principles of Homœopathy are the dynamic nature of disease, and the dynamic action of drugs.

It is highly essential that the physician understand the *nature* of disease, that he may treat it judiciously and rationally, and become, as Hahnemann says, a *true* practitioner of the healing art.

A theory is a reasonable and consistent explanation of any observed phenomena.

The theory of Dynamics is a reasonable, consistent and philosophical explanation of the phenomena observed in the application of Homœopathy as an *art*.

We believe it to be the most logically consistent theory of disease yet presented for scientific consideration, and infinitely more susceptible of demonstration, than the many later *mushroom* theories, that have beguiled so many from the straight and narrow

*Read at Indiana Institute of Homœopathy, Indianapolis, May 27, 1896.

way, of which the "Orificial Philosophy" *fad* and the "Bacterial Origin of Disease" are conspicuous examples.

The principles of Dynamics recognize an Omnipotent Creative Energy, manifest and active in nature.

What distinguishes a *living* from a *dead* body? We say the presence of *life*. What IS life? A NAME, for *something*, we know not what, except that it is that which distinguishes a *living* from a *dead* body. How does it *do* this? By imparting the faculty of feeling, and consciousness, by animating the organism and maintaining its functions in harmonious union, by residing in, and controlling every single cell of which the body is composed.

Virchow says "the cell is the only element in which there is any manifestation of life."

Carpenter says "the cell lives for itself and by itself," and that "the cell wall is every where the same."

Bennett says "each cell selects from the blood the peculiar substance which is necessary for itself."

This vital force gives to each cell the peculiar *selective power*, which characterizes the function of the organ of which it is a component part.

Here are two cells whose walls are *identical*, yet to one is given power to select *mucus*, and to the other, power to select *bile*.

This force controls embryonic tissue, and delegates to one cell the function of making *bone*, while to another whose wall is precisely similar, that of making *nerve* tissue.

This force controls the functions of the entire organism, and maintains them in complete and wonderful harmony.

If any cell or organ fails to properly perform its function, it MUST be because its *controlling force* is deranged or disturbed, and we only know that this controlling force is "that which distinguishes a *living* from a *dead* body."

Why do not contagious and other diseases attack a *dead* body? Simply because the *only* thing that is *susceptible* to disease, is *not there*. All the *material* parts of the body may be present, but cannot be affected by *disease*, since matter responds to external influences only through its own inherent force, or that through which it manifests its individual characteristics.

Then since disease can only affect "that which distinguishes a living from a dead body," what *other* conclusion remains, than that disease is but *life deranging influence or force*?

The fond mother worries over the waywardness of her son. Her steps become slow, her cheek wan, her eye dull, her appetite fails and her health steadily declines. What is the *cause*?

The murderer stands before the bar of justice and hears the ominous word "guilty." His face blanches, the perspiration starts, he trembles, the muscles twitch and his head swims. What is the *cause*? Nervous shock? An expression that means absolutely *nothing* as an explanation of the *true cause*, which is not a *material* one, however apparent the *effects* may be.

How much *morbific material* has gained access to the vital organs? What virulent cloven-hoofed *microbe* has suddenly sprung into active existence? What *sphincter* has thus suddenly become irritable? The Orificial Philosopher stands powerless with his speculum and dilator in hand, the Bacteriologist stands helpless beside him with gallons of germicides and Antiseptics, for the cause can not be eliminated through the *dilated sphincter*, nor as *pall-bearer* to defunct *microbes*.

With this view of the nature of disease, how can we expect to most effectually control it? If it is but a life-deranging *force*, in order to *overcome* it, a force, *similar* to its *nature*, yet *stronger* in its life-deranging *power*, must be opposed to it.

The homœopathic physician, in combating disease, or this life-disturbing force, depends upon the great Creative Energy for his weapons, and which he finds in the subtile, yet potent *forces* of nature.

A tree, a flower, a grain of sand, is but the *material expressoin* of different forces.

In every medicinal substance there is an unknown quantity of potential energy, *separate* and *distinct* from the *material atoms* composing it.

Under proper conditions, this is manifested as *active force*, and in its action, reflects the *individuality* of the drug. Physically, this is known as its shape, color, weight, taste and smell and all the qualities we perceive through the five senses. In chemistry, this is known as its chemical action. Upon this, the chemist depends to enable him to recognize the various elements and their compounds. How does he know one element from a dozen others? By its *action*, its *behavior*, by its *individuality*. Then it must contain *something* that *causes* it to act and behave in a *characteristic manner* at all times, under the same circum-

stances. Chemical affinity, is but the ability of the element to *choose or refuse* a union with another element.

Dynamically, this is known as its pathogenesis, from its effects upon the *vital force*, in producing abnormal sensations and conditions.

These effects come from its own *inherent force*, of which it is the *material expression*, and through which *alone* it is capable of distributing the life force in a manner peculiar to itself.

The *variety* of the manifestations of energy in nature, is limited only by the *means employed* for its development; therefore, we do not overstep the bounds of a reasonable probability in assuming that each substance contains a *latent power or force*, which under certain conditions is capable of *deranging* the life force.

All matter contains latent *heat force*, and it has been found that this may be *developed or liberated* by *friction*. The *intensity* of the heat force depends upon the *amount* of *friction* and the *length of time* the process is *continued*. This statement, unsupported by experience, would appear absurd, yet it is a scientific *fact*, and a *truth* because it is a fact, and susceptible of demonstration.

Just as palpably a *fact*, and consequently just as *true*, and just as susceptible of demonstration is it, that by the method of potentization invented and employed by Hahnemann, the *latent, dynamic* force of each drug is developed or liberated.

Every homœopathic physician recognizes the medicinal properties of silica, gold, iron and other minerals. In their crude form they are perfectly inert. Why is this? Some claim that it is because the particles of matter are not finely enough divided to permit them to pass freely through the whole circulatory system.

But if it were possible to suspend the law of cohesion, and resolve each substance into its *atoms*, would the effects be *different*?

Since each atom must retain all the *physical characteristics* of the *mass*, its effects could not *possibly* be other than *mechanical*. The inevitable conclusion from this would be, that since the effects were from the atoms *alone*, and of necessity *mechanical*, the *results* from each of these elements should be the *same*. The mechanical effects are the same, whether the finger is crushed with a stone pestle or an iron hammer. The *provings* of these drugs, however, show a wide *dissimilarity* in their effects.

Common table salt is contained in every cell of the body, and is taken into the system three times a day, in comparatively massive doses, with no harmful results. But reduce the *amount* of salt, so that no known test can detect its presence, do this by Hahnemann's method of *potentization*, repeat the process *two hundred* times and *then* observe the effects. It then becomes a powerful disturber of the vital force, as witnessed by the *intense chills, raging fever, and atrocious headache* of its provers. These effects evidently could not have resulted from the *material atoms* of salt.

Even *cow's milk*, with its life giving properties, when *potentized*, becomes a most *potent* agent in deranging the vital harmony, which in its *crude* form it contributed so much to *maintain*.

What is true of *one* substance, is true of *all*, for the law of Dynamic is inexorable and unchangeable; it exercises exclusive control over the vital human economy, and everything exerting an influence upon the living organism, whether beneficially or otherwise, is subject to its requirements.

The exhibition of the higher potencies may be a matter of individual *preference*, but to doubt their *efficiency* is to doubt the *law* upon which Homœopathy is *founded*, and to refuse to *employ* them, is to refuse the *full measure of success*, which Homœopathy vouchsafes its unprejudiced, earnest, consistent disciples.

CANTHARIS—A VERIFICATION.

HOWARD CRUTCHER, M. D., CHICAGO.

One afternoon in May I was engaged in preparing some catgut ligatures, when a jar of boiling alcohol exploded, the liquid at once igniting and burning quite seriously my right hand and wrist. The pain was something intense; the injured parts were at once covered with oil and bandages, but these applications gave me no relief. Cantharis readily came to mind. The third dilution was put in water and applied to the parts. The relief was so prompt and complete that no reasonable person could doubt the remarkable efficacy of the remedy. Within five minutes my pain was gone entirely and it never returned. From the severity of the burn I had firmly expected a crop of ugly blisters. Within six hours not a trace of discoloration was visible.

With this experience in mind I shall use the remedy hereafter with perfect confidence before the expedients usually employed.

Clinical Verifications.

PROMPT CURES.

W. A. YINGLING, M. D., EMPORIA, KANSAS.

Case I. Earl, aged 2 years. Light complexion.

January 25, 1895. *Consumption* on the father's side. Since last February has had a discharge from the ears of a yellowish matter without special indications. Was relieved by some medication until within the last two or three weeks.

Now there is considerable *swelling of the glands* around the ear and on the neck, worse below the ear and behind, with a slight discharge of yellowish matter from the right ear. No pain. No appetite; will only take milk when it has tea in it. Not in poor flesh, but thinner than usual. Desires fresh air and wants to be out of doors. *Fretful at night*; seems to be better during the day. Was very feverish a day or so before the ear commenced to run.

Tuberculinum^{50m} (Kent), one dose.

February 7. The swelling about the ear increased till Sunday night (for three days) and looked as though it would break on the outside. Since then it has been going down; his ear quit running yesterday. The discharge became thick and would not run; they kept it syringed out with warm water and soap; it gradually grew less. Hardly any odor about the discharge. Stool once or twice a day. Appetite better. A little more restless at night. Anxious to get out of doors, but cried to get back into the house again. Head seems to hurt when he cries. Disposition better; he is not so cross. The swelling about the glands almost gone. Seems to be gradually improving.

Sac. lac.

February 26. Better in every way. No swelling nor running at the ear. The family consider him well. The only thing noticeable is that he seems somewhat pale and nervous when first getting up in the morning; but this soon wears off. Is in better flesh.

Sac. lac.

The case required no more medicine and rapidly went on to a cure.

The Tuberculinum used was that prepared by Dr. J. T. Kent from the lung of a Jersey heifer, and potentized on the Skinner (F. C.) machine. This is the purest and best preparation obtainable, as it is free from the impurities of the saliva and from the effects of a slow and lingering death. The heifer was slaughtered and the tubercle taken from the lung as quickly as possible, and in the presence of Dr. Kent.

Case II. Blanche, aged 2 years. Light complexion.

December 17, 1895. Lienteria; diarrhœa very thin, undigested, looks and smells like rotten eggs; scant, not frequent, burning; better from an evacuation; much *wind* with the stool, spluttering; some excoriation. Mostly in the day time. When at night it does not waken her. "What does not pass from the bowels undigested is vomited."

Vomit sour, *better from vomiting*; pain in the pit of the stomach which is relieved by leaning on a chair; very bad smell; vomits water soon after drinking, acid, hot.

Dark under the eyes; eyes sunken with the sickness.

When she has the *colic spells* (two in the last three months) much wind, *better from belching*; presses stomach on a chair; don't want to be touched, avoids every one; gets out of bed and crawls under it, possibly to avoid persons; screams; draws up knees and doubles up; comes on either early in the morning or in the evening; bloats up, abdomen hard; cries and worries, wants to be let alone.

Now cutting double teeth.

From five months old till last summer every little scratch became very sore and festered, could not heal it up. Not so now.

Rubs her nose much; also picks it and bores her finger into it.

Had hives badly last September and had swelling of all the joints; knees and elbows worse, sore and tender. This lasted about three days.

Argent. nit.^{cm} (F.), one dose.

The father wrote in the following February that there had been no more trouble since taking medicine, child is thriving, and pays his bill with many thanks thrown in. Continues well.

Case III. W. G., aged 29. Light complexion.

May 1, 1894. About seven years ago after standing and working in the snow all day had the sciatic rheumatism of the *right* hip, running down the outer side of the thigh to heel. Used Wizard Oil and had relief for some years.

Last year got *wet in a rain storm* and the pains returned, but in the *left* hip, running down outside of the thigh to calf, at times only to knee. An aching pain, drawing the muscles, *cold surface*; the worse the pain the colder the surface. Some *numbness*. *Very bad when beginning to move, better from continued motion for a while*. At times *cramps in calf of leg*. *Paralytic feeling, stiffness* of the leg. General health good.

Rhus tox.^{cm} (F.).

Entire relief from all pain soon after taking the first powder.

Case IV. A. C., aged 52. An old soldier. Dark.

December 9, 1893. Complains of sever pain, *aching in lumbo-sacral region*, much worse from *stooping*.

Dull pressure in forehead, with nausea; pains shooting across forehead from *right to left*. Painful aching about the left eye. Occasional twitching of muscles about the eyes.

Piles *itching* and *burning* with an occasional sharp, cutting, shooting pain. Some pressure and fullness in rectum. *Rectum feels as if full of sticks*; knife-like pains in anus. Piles come out at times in a fold. *Urine frequent*.

Aesculus hip.^{46m} (F.), one dose.

Prompt relief without further need of medicine.

Case V. J. B., aged 5 years. Large, plump, blond.

December 11, 1895. About last June ate many gooseberries, causing stoppage of the bowels; enemas brought away whole berries. Father attributes sickness to this.

Increasing spells of awaking *from sleep with screaming, looks frightened*, eyes dilated; hard to arouse her, but do so by a drink of water and talking, or by a pinch of salt. In spell she stiffens out; eyes roll. *Grits her teeth and picks at her nose*. At times has a dry hacking cough just before the spells, better by a drink of water. Very full in the abdomen. Better rubbing the stomach. Costive usually. Has taken much vermifuge.

Apparently well between the spells.

Cina^{mm} (Swan), two doses twelve hours apart and two doses at the next spell.

December 30. General improvement. Does not thrash around so much in her sleep, but still grinds her teeth a little. Has only taken two of the (Cina) powders.

Received word afterward that the child had no more trouble, and as the father promised to report in case of a return, I have reason to believe the child is still well.

Case VI. Frank L., aged 22. Rather dark complexion.

April 22, 1896. About twelve days ago was exposed to the measles. Now has seemingly a *very bad cold; eyes red, profusely watery, burning, great sensitiveness to the light*, aching. Discharge from the nose thin. Nose somewhat sore. Sweats profusely. Face red and very dark. Bowels open. *Cough dry, tickling in the throat*. Oppression of the upper part of the chest.

Puls.^{cm} (H. S.), one dose.

April 23. Measles out well and thick all over the upper part of the body. Feels well, but is weak and sweats a great deal. Some cough.

Sac. lac.

April 25. Doing well. Measles beginning to fade.

Sac. lac.

April 28. Up and around. Hardness of hearing; ears feel stuffed up, or feels as if water was in them.

Sulph.^{cm} (F. C.), one dose.

April 30. No better. Noise in the ears more like the sound of wind moving the leaves in a forest; hardness of hearing quite marked. If any difference the left ear is the worse.

Puls.^{cm} (H. S.), one dose.

Rapid clearing up of the whole case with a complete cure and no bad results. What would the result have been under allopathic treatment? Would there not have been danger of permanent ear trouble? The homœopathist always has "easy" cases from the allopathic standpoint. The superiority of Homœopathy is that it always *makes* "easy" cases by preventing bad ones. The highest skill is not in curing *bad* cases, but in *preventing* the case becoming dangerous.

Case VII. C. E. W., aged 39 years. A minister. Dark.

Oct. 8, 1890. While expatiating on the merits of pure Homœopathy in the presence of several parties, this gentleman held out his hand and said: "Can you cure that?" My reply was: "If I know enough to find the remedy covering the totality of symptoms you can be cured." I found the following:

Six years ago he had the measles, came out well, but in eighteen hours he took a severe cold which caused a retrocession; medicines, teas, whiskey, etc., of the allopath could not bring them out again. Finally the learned doctor applied a large fly blister to the chest, keeping it raw with poultices and repeated blisters for more than a week. Following this he had rheumatism

very badly; allopathic treatment without relief. For a year or more he has had no trouble except the following:

Dull contractive pains in the vertex; scalp sensitive to the touch at times, "can hardly bear to touch the hair." Nasal catarrh with dropping posteriorly which has "the old measley taste." Has a "nasty, measley taste in the mouth every morning on arising."

About three years ago the palm of the left hand began to contract; at first a little knot formed in the palm over the tendons of the two middle fingers, growing gradually worse. Now the hand is flexed inward, the three outside fingers are bent and stiff, with severe pain when he tries to straighten them or to lift anything, even a dish at the table; cannot open the hand half way. Cannot use the hand in driving, or in any way when there is any, even the slightest, strain on the fingers. The skin of the palm, in the place mentioned, is indurated, and has grown fast to the tendons of the two middle fingers. The skin of nearly the whole palm is knotted and rough and indurate. The right hand is also affected and is rapidly approaching the condition of of the left.

The gentleman had no hope of even palliation. Several allopathic physicians said there was no possible help save to *scrape the skin from the tendons*, and that that was very uncertain and might cause greater trouble if not the loss of the hand.

He had no expectation of help from me and no faith in pure Homœopathy, but promised to follow directions closely in regard to taking the medicine. I was compelled to entrust him with several doses of the potentized remedy to be repeated only when continuously worse.

October 8, at bed time he received one dose of *Carbo.veg.*¹⁰⁰⁰ (B. & T.) day on the tongue. He reports:

"The next morning the measley taste was gone. During the day there was a strong metallic taste, like a piece of brass held in the mouth. There seemed to be a continuous improvement till the 19th inst. The cords or ligaments of my hand had relaxed and my fingers were straighter than they had been for a year or more. I took the second dose on the evening of the 19th, as the measley taste had returned. Next day the measley taste had gone and the metallic taste was stronger than before. All day I had headache and pain in my lungs and chest like it was during the measles. These continued twenty-four hours.

My hand is *much* better. I can lift a plate or any dish at the table or drive holding the lines in my hands without inconvenience or pain. I even milk a cow with both hands, which was impossible before. There seemed to be improvement till the 22d, when I took the third dose, and the fourth dose on the 31st. The metallic taste next day after each dose."

November 15, fifth dose. "In three or four days there was an intolerable itching and burning in the palms, so that I could have dug out the skin. This lasted three days. Improvement continues."

December 14, sixth dose, followed by the same intense itching and burning.

February 4, 1891, seventh dose. "In an hour felt a decided action of the medicine by relaxation of the cords; *i. e.* *drawing* sensation was gone and has not returned."

May 2, 1891. For several weeks there was no change for the better, and the last few days a gradual change for the worse. He had taken two more doses of *Carbo. veg.* without effect, and I concluded a change of remedy to be necessary.

*Rhus tox.*²⁰⁰ (B. & T.).

May 12. Several days after the last remedy he had the *measles* "from head to feet, even the soles of the feet and the palms of the hands were thick with them." "Never saw a nicer case of measles." "Now feel perfectly well," and a more rapid movement in the hands.

At intervals, when improvement ceased, he received *Rhus tox.* on two different occasions. The result has been a complete cure, the hands returning to a normal condition and remain so. I should hear of any change for the worse promptly.

The homœopathic remedy is always superior to the knife in such cases. It requires no brains to cut; anybody can be a whittler. The surgeon of intelligence and higher skill does not run to the knife as the sole medium of relief; *it is his last resort*. He has learned that to clip the tops of weeds does not destroy them; they must be pulled up by the roots through the medium of the truly homœopathic remedy. As they stood before the bed of a man with a badly fractured and torn leg, the *in the current* surgeon said: "Well, doctor, I guess we can easily cut off this leg above the knee." The *true* surgeon replied: "Yes, any d—n fool can cut it off, but it takes a surgeon to save the leg." The leg was actually saved.

DIPHTHERIA—MERCURIUS CYANATUS.

GEO. P. HALE, M. D., MEMPHIS, MICH.

1894.

March 26. Evening.

Was called to see Mrs. B. Found patient complaining of aching all over; violent backache and leg ache; constantly shifting them to get ease. No red sand in urine and urination does not relieve backache. Right side of throat sore, with two white patches on right tonsil; when swallowing pain streaks into right ear and side of head. Tongue moist with dirty yellow coating; bitter taste in mouth; no appetite. Cold or warm drinks made but little difference when swallowing. Great prostration. Was only taken ill this a. m.

*Lycopodium*²⁰⁰.

March 27. Morning.

Better in all respects, except the throat, which looks even worse; right tonsil completely covered with a dirty grey patch. Tea tastes natural, and ate a few crackers. Much pain in right side of head; aggravation when swallowing. Much perspiration during sleep. Great prostration.

*Mercurius cyanatus*³⁰ D.

March 27. Evening.

Marked change for the better. Tonsil clear and smaller. Pain in head gone. Can swallow readily,—stronger in every way. Food tastes natural; less thirst. Patient remarked, "Doctor, I am now convalescent."

March 28.

Patient dressed and sitting up. Vastly improved.

March 30.

Patient called at the office to pay her bill.

1894.

March 30.

Was called to see Mr. F. Found him aching all over; severe back and leg ache; very restless. Temperature 103. Headache, right-sided sore throat, pain shoots into right ear and head when swallowing. Tongue dirty yellow, constant desire to spit; thirsty

for cold drinks; nothing tastes natural; disagreeable odor from the mouth. Says his tongue seems rough.

*Mercurius cyanatus*³⁰ D.

March 31. Morning.

Not so much aching of limbs and back, but great aching through chest and about the clavicles; some sharp pain on deep breathing. Tongue dry and rough; yellow coating, with red edges. Drinks often, a half cup at a time. Throat is some better, not so much pain on swallowing. Desires to keep perfectly quiet, which relieves. Lungs congested.

Bryonia^{3x} D.

March 31. Evening.

Better in every respect. Tongue moist, although coated a whitish color, with red edges and red streak half way down the centre.

April 1. Evening.

Patient up and dressed, but throat is sore when swallowing, and mouth is filled with saliva. Tongue coated whitish, with red edges.

*Lac. can.*²⁰⁰ D.

This remedy cleared the case up very quickly. There was a very marked similarity between these cases, but yet were handled differently. I have found the *Mercurius cyanatum* a very important remedy, and will give satisfaction where the characteristic mercury symptoms are present.

Surgery.

THE INFLUENCE OF AMALGAM FILLINGS AND RED RUBBER PLATES UPON THE ORIGIN AND GROWTH OF TUMORS.

HOWARD CRUTCHER, M. D., CHICAGO.

In common with other writers, I have often directed attention to the pernicious effects of amalgam fillings. That they produce violent and intractable neuralgias, irregularities of vision, pernicious stomatitis, chronic salivation, dyspepsia and melancholia, I have demonstrated beyond the shadow of doubt in repeated instances. I now report a case of a woman of thirty-three who had an aggravated nocturnal cough which had resisted all methods of treatment and a journey to the Rocky Mountains, and which was relieved at once and for all by the removal of a solitary "silver" filling which had been worn for six years.

In April of the present year a man of forty-one came to consult me concerning a troublesome "ulcer" of the tongue. There was no syphilitic history, and no traces of tuberculosis or of cancer in his family. I told the patient that he was suffering from an epithelioma, and this opinion was confirmed by two skillful surgeons of St. Louis, who examined the case before it came into my hands. The growth had appeared three months before I saw it, and was about the size of a silver dime, although not of regular outline. It was located on the right superior surface of the tongue, overlapping the border of the organ almost three-quarters of an inch from the tip. A request for a microscopic section led to a firm refusal. The patient talked of "cancer" continually, and seemed to think that "epithelioma" was a polite way of reading his death warrant to him.

There was no infection of the surrounding glands, so far as I could judge. For several years a red rubber plate had been worn. I advised its instant removal and gave orders looking to the removal of some amalgam fillings occupying cavities in the molars. My directions were carried out without delay.

Whether by coincidence or not I am unable to state, but it is certain that constitutional remedies seemed to work promptly,

and in June no traces of the growth could be detected. I think that the growth was an epithelioma; that it was produced by the red rubber plate; and that its cure would not have been possible without the removal of that dangerous appliance.

This opinion is expressed with increased confidence since the appearance of the last volume of Dennis' *System of Surgery* (New York and Philadelphia, Lea Brothers & Company, 1896), wherein is narrated a most interesting case (page 20, vol. 4), of epithelioma of the mouth resulting from the wearing of a red rubber plate. The report is as follows:

"Another patient suffered from an ulcer in the mouth, which proved, upon microscopical examination, to be an epithelioma. The submaxillary and sublingual salivary glands were infected. The epithelioma with the glands were removed. The history revealed the interesting clinical fact that the patient had worn a red rubber plate of false teeth for many months. The question naturally arises in connection with this case as with similar ones: Did the red rubber plate cause the development of epithelioma?

* * * * While the red rubber is not a cause of epithelioma, yet this material produces a long-continued irritation which devitalizes and deteriorates the tissues, and thus produces a soil favorable by mal-nutrition and by lowered vitality to the development of carcinoma. At all events, it is not apt to occur in the mouth of a patient who uses a good plate. The question of mechanical friction must not be overlooked, though it is a notable fact that rarely if ever has an epithelioma been observed in a patient who wears a gold or aluminum plate."

The plate, then, does not of itself cause trouble, as a rule; it is therefore the *material* composing the plate that produces the irritation; it would seem to follow, if the rules of logic are to be adhered to, that the mercury in the plate is to blame for the disturbance. I do not see how any other conclusion is possible. It is earnestly hoped that this signal illustration from so eminent an authority will not be lost.

Mr. Sutton (*Tumors, Innocent and Malignant*, by J. Bland Sutton, Lea Bros. & Co., 1893), does not mention the red rubber plate as a factor in the causation of tumors.

Prof. Gross, whose Monumental Work on Surgery will endure as the pride of succeeding generations of Americans, has this to say concerning the influence of mercury (*System of Surgery*, 1882, vol. I, p. 83):

"There are certain persons who, from idiosyncrasy, or the former use of mercury, cannot take this medicine, even in the smallest quantity, without being violently salivated."

The American Text-Book of Surgery says that "Mercurial Stomatitis and Mercurial Glossitis are not uncommon in the trades in which mercury is used," etc."

I find no other specific references than the one given from Dennis, but the testimony on this point is piling up high enough to command the thoughtful attention of pathologists. Certain dentists are themselves aware of the popular dread of mercury and hence the false term of "silver filling," which is a deliberate swindle and a disgrace to the dental occupation. Many honorable dentists have told me that they always advise against the use of mercury in any form in the mouth, but there are hundreds who are too stupid or too dishonest to abandon a practice which is profitable only to themselves.

It is not claimed that mercury worn in the mouth is universally detrimental to health; my own experience, which includes hundreds of observations, leads to the conclusion that injurious effects are detected in only a small per cent. of those who wear red rubber and "silver" fillings. But the exceptions are frequent, and the results are no doubt often disastrous—so disastrous, in fact, as to warrant the absolute and unqualified condemnation of the practice.

A SURGICAL CASE—ARNICA THE ANTISEPTIC.

SAMUEL J. HENDERSON, M. D., DETROIT, MICH.

Oh! yes, everybody nowadays is scared of the microbe, except the Simillimum.

Fortunately for humanity the microbe theory seems to be on the run. It has been and is yet a great fad.

It is laughable to see many so-called scientists follow the jingle of the Bell-weather, who first discovers a new Bug. But, "Bug-ism" is not properly the object of this article, although I believe its utter fallacy will be fully shown in the treatment of this case, and as I am not a surgeon and have never made any pretensions to surgery I trust surgeons will pardon me for the management of this case.

Four years ago last February when I was practicing in the country, I took the afternoon train one day to visit some diphtheria cases in a neighboring town ten miles from my home.

About seven miles out at an intermediate station, a messenger came aboard looking for a doctor, saying "a man had just broken his leg and I must go and attend him.

A glance at his limb was sufficient evidence to show it was a compound fracture of the right leg just above the ankle, both bones being broken, the wound being on the tibia, from which blood (venous) was slowly oozing and through which the bone could be easily seen and felt.

The man was a teamster in the lumber woods and was driving span of heavy Norman horses, when his team got stuck on a bare spot of ground and while standing close behind urging them on, the whiffle-tree iron broke, causing the single-tree to strike his leg with terrible force and breaking both bones as above stated.

Only having two hours between trains to get ready in an emergency in order that I might return home that night, I ordered a fracture box made, and after setting the bones and covering the wound with ordinary cotton batting, applied a bandage and paste-board splints, placed the limb in a position with clean saw dust packing, covering the wound entirely, expecting to return next day, redress it and make provision for drainage, etc.

Having previously given him a dose of Arnica^m and left another dose for the morning, I went home, returning next day to find him fairly comfortable with the exception of a terribly sore bruised pain in the small of the back, from which he could not rest. Arnica^{dmm} was then given, and as the limb felt easy and comfortable to him, I concluded not to redress it. The next day the back was better and thus from day to day he continued to improve. Appetite, temperature, pulse, nothing to worry about, in fact the only discomfort he had was the burning in the heel so common in such cases, and so I concluded to let well enough alone.

After twenty days I removed all bandages and dressing, to find the bones united, the external wound healed, bandages dry and stiffened, but free from all odor. The limb was then placed in a starch bandage and after a few days he began moving on crutches and in due time made a good recovery.

Could the parts have been seen a few days after the injury no doubt it would have caused some alarm. But after all it might

not have been a very bad case, and I only report it to show what the indicated remedy will do.

Observation and experience have taught me that the indicated remedy is the safest and best antiseptic and can always be trusted in cases of danger.

The Simillimum is the remedy that permeates the entire organism, displacing discord and restoring harmony to the disturbed vital force. The remedy, the power that attunes every atom in the entire organism to that pitch of vibratory motion, which is perfect life, and swings again into normal vibration the pendulum of harmony, which is perfect health.

"CRIMINAL ABORTION AND MERCIFUL MURDER."

WM. JEFFERSON GUERNSEY, PHILADELPHIA, PA.

It is not wise that silence lend a seeming acquiescence to so villainous a suggestion as the article by the above caption presents. This originally appeared in the *Minneapolis Homœopathic Magazine*, is reprinted in the *HAHNEMANNIAN ADVOCATE* of June 15, 1896, and is by M. W. Van Denburg, A. M., M. D.

It is not our intention to criticise the doctor's motive for penning such a sentiment. He admits having produced abortions in his "earlier practice," and apologizes for having discontinued it on the ground of legal safety. It is therefore useless to argue with a man who acknowledges that he has committed what is universally recognized as a crime against God and man; and who only refrains from accepting pecuniary profit for persevering in guilt because he is afraid of the law. But as a *lover* of the laws of both the Almighty and His human personification a solemn *protest* is herewith entered against the above-named article.

In the first place it is not the function of the physician to *destroy life* under any circumstances, either to relieve the "torture of cancer" or to save the idiot from wearing out "the years and happiness of a whole family."

The application of this principle is illimitable. And as much as we may sympathize with a fallen girl, we cannot commit another and a worse crime to furnish her with a possible escape from the shame which her mistake has occasioned.

It is *best* that she *should* have the suffering and the ignominy staring her in the face. Some are not, unhappily, deterred by

religious feelings, and these must be kept from yielding (as the doctor is) by fear.

If the man is "always aggressive," so should the woman be *defensive*. It is her right and all the world will respect her for it. If she becomes a willing party to crime—and willing she must be to accomplish that end—she should suffer.

With the escape of the enticer and seducer we have nothing to do. Some are punished by law and all suffer at the Eternal bar. But to advocate liberty in the production of abortion (omitting the theological question which is mighty), would be to take a tremendous leap backward toward barbarianism. Let *no* physician stain his soul with such a thought.

ORIFICIAL SURGERY.

E. A. BALLARD, M. D.

In the published reports of the convention of practitioners of Orificial Surgery, held in this city recently, the statement was made, that the practice is "new." It is not, although it never before has been said to be the panacea for all the ills that flesh is heir to.

The statement was also made that disease begins at the orifices of the body. This is not true in a single instance. All of the diseased conditions of the orifices of the body are but effects, not causes, and can only be eradicated by curing the constitutional affection giving rise to these conditions.

In some instances I grant that temporary aid is given by the operation, but the consequences of tomorrow are sure to follow. I have known of piles being "cured" by the tumors being injected, but the death certificate a few weeks later read Apoplexy. Destroying the works of nature is not the proper way to treat disease. Forcibly tearing asunder the guardian muscle of the lower bowels simply lays the foundation for cancerous diseases of the rectum.

In proof of this I may instance the large harvest of abdominal tumors and cancers, the result of the pernicious local treatment of the so-called "diseases of (Doctors) women." Every practitioner of this specialty has left behind him a trail of suffering.

When the community learn that the only cure for their ills is the removal of the constitutional disease that gives rise to every external manifestation of that disease, Orificial Surgery will die.

The Apostle Paul must have had in mind these parasites when he wrote the First Epistle to the Corinthians. It will be well for these doctors to turn to that book and read chapter 12, verses 12 to 26 inclusive. They may be wiser, and, I hope, better physicians.

SURGICAL NOTES.

Dr. W. J. Shrewsbury, of Brooklyn, thus relieves his mind in *The Medical Record*:

"By the time the eye man had clapped on enough glasses to satisfy his longings, and the nose man had gouged out enough noses, and the throat man had cauterized his fill of throats, and the stomach man had let down his buckets and other paraphernalia into the last stomach he felt called upon to annoy, and the appendicitis hero had satisfied himself that he did not need another appendix, and the circumcision dragon had carried off his allowance of foreskins, and that fearful nondescript, the orificial surgeon, had humbugged all the human apertures which he longs to get at, and this recent iconoclast who has suddenly jumped into the arena, whose mission in life is to pull the testicles out of old men, shall have got his bag full of the contents of other men's bags—by the time that these and many others had exhausted their efforts and became satisfied, there would not be a whole man or woman left in the country."

Prof. Bayard Holmes, of Chicago, has offered a tolerably rational excuse for the epidemic of operating gynecologists and orificialists. He says that these men stand in such mortal terror of damage suits on account of their bad surgery that they naturally attack those parts that people are least desirous of exposing in court.

Prof. Senn takes a fling at medical men who desire new instruments. Prof. Senn's next large volume ought to be devoted to the subject: "How to get the instruments in and out of Senn's Pocket Case."

The esteemed *Medical Record* devotes an able editorial to the condemnation of "Death Scenes in Fiction." The main objection to these affairs on the stage is that they are not genuine.

A New York publisher takes a tremendous fling at the "ninies" who are filling graveyards by operating upon the appendix. The joke of the matter is that if the publisher's previous

advice on the subject had been taken seriously not a single troubled appendix would have escaped.

Profs. Charles Adams and H. R. Chislett announce a forthcoming *Manual of Surgery* (Chicago, Era Publishing Co). That this volume will be a well-considered and ably presented treatise on the practice of surgery, by skillful surgeons and scholarly writers, there can be no doubt. It is to be hoped that the important matter of surgical therapeutics will not be neglected. Our school, as a school, can hardly hope to surpass such works on operative surgery as those of *Treves* and of *Kocher*, and certainly no modern work on any subject has taken higher rank than Warren's masterly volume on *Surgical Pathology*; yet how little do those great masters of mechanical surgery know of the true healing art as the thousands of believers in *similia* know it and practice it. In this matter of surgical treatment by remedies one can but lament the disappearance of Helmuth's *System of Surgery*—a genuinely helpful volume, as charming for its literary finish as for its surgical truths.

Dr. A. G. Beebe, of Chicago, says that one can hardly throw a stone without striking a gynecological operating surgeon. What patriot will throw the first hundred stones *hard*?

Dr. Lincoln Phillips, of Hartwell, Ohio, thinks that the germ business has been sadly overdone and that the pendulum must swing back. We think it has been swinging back toward common sense for some time past.

The International Journal of Surgery for July contains an admirable article by Dr. J. L. Crook, of Jackson, Tenn., on the subject of "Sprained Ankles." The results obtained by this process are extremely gratifying. Dr. Crook describes the method of treatment as follows:

"A number of strips of rubber adhesive plaster about nine to twelve inches in length, and of appropriate width, are prepared. I then proceed thus, *not* following exactly the method of Gibney. Beginning at the outer border of the foot, near the little toe, the first strip partially encircles the joint and ends behind the foot. The second strip is begun on the inner side of the foot and is applied on the opposite side nearly meeting the first strip behind. Other strips are applied in like manner, each one overlapping the last, and crossing its fellow of the opposite side in front, so that the ankle is snugly and smoothly encased, care

being taken not to completely encircle the joint with any one strip. After having bound the foot firmly, it is well to add one broad strip running around the foot, from the internal side of leg down the internal side of the foot across the plantar surface and up the outside of the leg, 'as much as possible to take the place of the middle fasciculus of the external lateral ligament which is so often the one most injured.' It is a good plan to place a pad of absorbent cotton over the external malleolus and in the fossa below, to prevent undue pressure and chafing. Any one of the injured ligaments may receive a similar reinforcement from an extra strip. I then apply a roller smoothly over the entire surface, allowing it to remain until the plaster takes firm hold."

H. W. PIERSON, M. D., Chicago.

Dear Sir:—Feeling sure it will be of interest to some readers of the HAHNEMANNIAN ADVOCATE I will direct attention to an omission in Gentry's Concordance Repertory, viz., the following symptom:

"After swallowing a sharp piece of bone the œsophagus closes and there is danger of suffocation. CICUTA VIROSA."

The omission gave me much trouble and might have cost a lady client of mine an operation and afforded the undertaker a job. However three doses of *Cicuta*²⁰⁰ stopped the spasmodic closure of the œsophagus, and the patient was at business the following morning. I may state that the bone passed down the œsophagus twenty-four hours before I saw the case, and further that it (the bone) was swallowed accidentally but knowingly, leaving no room for doubt as to what had actually taken place.

Yours faithfully,

D. WISHART.

63 Princes Street, Dunedin, New Zealand.

Miscellany.

THE HOMŒOPATHIC LIBRARY.

A. M'NEIL, SAN FRANCISCO, CAL.

In bringing before the Association the subject what books a homœopathic physician must possess in order to discharge his sacred duty of curing the sick, I speak more particularly to the younger members, so that they may not make mistakes which will cause themselves chagrin and cost their patients health and even life. It would take too much time to go over the fields of surgery, obstetrics, diagnosis and pathology, and I will therefore leave these to others better acquainted with these subjects.

I will only say that you should own at least one standard work on each of these subjects, which is fully up to date. As to these books a question arises on which there may be a difference of opinion; but I boldly assert that if you cannot get a book written by a real homœopath that you can get works containing better descriptions of diseases and of the necessary operative processes required written by allopaths than by polypaths. I refer to such works as Arndt's, Wood's, Goodno's, Hale's, etc. As far as the treatment taught in the latter is concerned, I would not risk the lives of those confided to my care to such as these writers advise. Just think of confining your selections of remedies in pneumonia to four, and they not the most frequently useful!

I will therefore proceed to those works which relate to the treatment of patients. The foundation on which all homœopathic therapeutics rests is the *Organon*; study it frequently and thoroughly. The great Adolph Lippe made it a rule to read it once a year, and he said that every time he discovered something he had not before observed. Those sections which describe the examination of patients should be more especially studied, for your repertories and materia medicas will avail you little if you do not examine your patients as he teaches.

Next you need works on materia medica. For the study of this indispensable subject Farrington's *Clinical Materia Medica* is invaluable, as it renders the subject more attractive and easily

remembered. I have no sympathy with the views of those who maintain that you do not need any materia medica in your head. Get all you can there. True, you can only get a small part of it, but that, if well selected, will enable you to save lives when even with your repertories at hand, you would not have time to find *the* remedy.

I recall a case of a young woman in collapse after malarial fever. I could at first only discover general symptoms, nothing individual till I learned that whenever she moved off the right side she vomited. Bœnninghausen's *Pocket Book* gives 132 remedies which have vomiting; the small pulse belongs to seventy-eight, most of which have vomiting also. Then if fortunate enough to have the "*Intermittent Fevers*" at hand you will find that twenty-nine remedies have cold sweat on the face; most of these have the small pulse and nearly all have vomiting. If we turn again to the *Pocket Book*, to aggravations when lying on the left side (which is given as amelioration on the right) we find that thirty-six have it, many of which have the before-mentioned symptoms. I will give any one who has not the symptom in his memory one hour in a homœopathic library to find it. The symptom is not even in Knerr's repertory. An hour would have placed my patient beyond help. But as I was fortunate in remembering it I gave Antimonium tartaricum, the only drug that has the symptom, and the benefit was immediate and permanent. If you turn to the *Guiding Symptoms* you will see that the symptom has only the two thin lines.

The one work that is indispensable and to be without it is trifling with human life, is Hering's *Guiding Symptoms*. You need it for study and for reference in prescribing.

As to repertories, you cannot have enough; no one has all the good points and I know of none that has not some good ones. I have nearly all in the English language and I occasionally find use for every one.

I need not demonstrate to you that you cannot remember all the materia medica, and it is therefore obvious that repertories are indispensable in all difficult cases and more particularly in chronic ones. In fact it is a good rule to always use at least one in every chronic case. The repertory, which is the most indispensable to the thorough study of a difficult case, still remains Bœnninghausen's *Pocket Book*. It has never been superseded nor do I think it ever will be, although a new edition is now

so sorely needed, as it is necessary for every one to take his Bœnninghausen and compare it rubric by rubric with the *Guiding Symptoms*, more especially of course in those remedies which have been added since he wrote. Take *Apis* and do this, and you will find that you have written it in at least one hundred times. As a means of facilitating the use of repertories, particularly Bœnninghausen's *Pocket Book* and his *Intermittent and Other Fevers*, permit me to recommend Underwood's *Checking List Case Book*. When it lies open the left hand page is for the history and symptoms of the case, while on the right, columns are ruled so that by checking off one symptom after another, the remedies are seen in the order of their similarity. You will then have the rank in which they stand, the symptoms which are covered and the value of each one covered and the comparative value of each to the different miasms.

Next in order is Knerr's *Repertory of the Guiding Symptoms*, although there is really no competition between them, as they compliment each other. After working out a case by Bœnninghausen a short glance therein will show you which one of two or three of the leading remedies best covers the case. Knerr is also useful if you do not need to make a systematic study of the case, but only to look up a few symptoms. This work also needs annotation. First, all the references to related symptoms should have the number of the page written in. To illustrate, I turn to Expression of Face, painful; and it refers to careworn and suffering; by writing in 277 and 278, respectively, the search is facilitated. And it also needs to be gone over symptom by symptom and omissions supplied and errors corrected.

Another of Bœnninghausen's works not so well known is his *Intermittent and Other Fevers*. This is unqualifiedly indispensable, not merely as might be supposed by the title in the fevers, but in those *quasi* febrile conditions that are found in so many diseases as partial or general coldness, heat or sweat. In this repertory may be found symptoms that are in no other repertory or materia medica. I had a case of gonorrhœa which I was treating by mail, in which the principal differentiating symptom was shuddering during micturition. I found by it that ten remedies had that symptom. In Knerr's are only the related symptoms. "During urination, chill: *Stramonium*. During urination, chilliness: *Sepia*."

I looked for the symptom in the ten remedies mentioned in

the *Guiding Symptoms* and found that not one of the ten had it. I then turned to that repertory that is indispensable in venereal diseases, Kimball's *Gonorrhœa*, and it is not mentioned. A question naturally arises, is the "Intermittants" reliable, as it is not corroborated by the *materia medica*s. Bœnninghausen never admitted a symptom into his repertories till it had been repeatedly known clinically and his 120 volumes of *Case Books* gave him the material. By the way, what treasures lie buried in those manuscripts waiting for the industrious miner to bring to light and usefulness? In the above mentioned case Sulphur, one of the ten having the symptom, cured.

Lee and Clark's *Cough and Expectoration* is a great life-saver. With this for the cough and expectoration and Bœnninghausen's *Intermittants* for the febrile symptoms, and as always in using a special repertory with the *Pocket Book* for the concomitants, you will be able to snatch many a consumptive from the edge of the grave, more particularly if you also use Gregg's *Illustrated Repertory*. Another grand book is Hering's *Analytic Therapeutics*, vol. I, unfortunately the only one. It is confined to the mental symptoms. Its usefulness is somewhat impaired by a defective index but it contains life and health for many. In connection with it permit me to mention his *Typhoid Fever*. I boldly assert that to treat any of the malignant fevers without it is trifling with human life.

Lee promised us a general repertory and only gave us that of the *Mind, Head and Sensorium*. Enough to make us clamorous for more and to enable us to treat the diseases coming under its jurisdiction better than with all the other literature at our command. I am sure that I express the sentiment of the best men of the profession when I urge him to complete the work so well begun. I only take the liberty to suggest that if he do so that he adopt the designation of values of the symptoms adopted by Bœnninghausen, and let me ask all others who write repertories to do the same. The four values of symptoms have been proven too useful for them to be discarded or neglected.

Bell's *Diarrhœa and Dysentery* needs no commendation. No man worthy of the name of Homœopathic physician is without it.

Eggert's *Uterine and Vaginal Discharges* is an indispensable work to the careful prescriber. Its plan renders it very easy to use. I wish he would give us a new edition and incorporate with

it that fine little book of his—*Uterine Displacements*—and also a monograph of his on the Ovaries.

King's *Headaches* is a very useful work and shares the honors with Lee's mentioned above.

There is a meritorious repertory on Rheumatism that has not received the appreciation it deserves in its field, although therein it is without a competitor, viz: Perkins' *Rheumatism*. I would not be without it in a difficult case of that disease.

H. C. Allen's *Therapeutics of Intermittent Fevers* has made the administration of quinine or other crude drugs a crime almost, for ignorance can no longer be pleaded unless it is wilful. The work is so easily used, so simple in its plan and does its task so well that malaria is robbed of its terrors. It is also a good book in which to study the rudiments of materia medica.

I ask you not to be without Holcombs' *Sensations As If*. It will throw light on many a puzzling case for you by enabling you to find rare and strange symptoms; and when you get it send to the studious author for his monograph on *Convulsions*. Put it inside the cover of *Sensations*, fasten it there with a rubber band, and you will be armed against a class of diseases that many times need quick and accurate prescribing.

Let me say to every homœopath, that when called to the bedside of a parturient woman, you may forget your forceps and you may forget your chloroform bottle, but do not forget Yingling's *Accoucheurs Emergency Manual*. That is a long name for a little book, but its name is too short for its merits and usefulness. It contains all the knowledge necessary to meet the dangers and delays of dystocia, convulsions, retained placenta, hemorrhages, after pains, and the primary dangers threatening the infant. Of course I am speaking of the medical treatment, but you will find the better you are prepared for this, the less need there will be for mechanical and surgical measures. It is a marvel of the book-maker's art. Such as only Bœricke and Tafel can produce, and it fits the hip pocket beautifully.

I make no apology for commending to those who do not possess it, the *Homœopathic Therapeutics of Hemorrhoids*, by Jefferson Guernsey. Those who have it need hear no praise of it. All who use this little book will be under no necessity of practicing that monstrosity, nasty surgery which is no more worthy of countenance than fortune telling. Let me call attention to another repertory by the same extremely practical author

which is in the *Homœopathic Physician*, vol. XIII, on "*The Throat*." It should be published in book form, for it is by all odds the best guide in the treatment of diphtheria ever printed. We need a pocket repertory of that dreadful disease. I must enter a protest against publishing any but fragmentary repertories in the 8 mo. pages of the journals as appendices. If given as an inducement to subscribers, let them be in book form and if possible for the pocket.

This is a work that is indispensable, not only to the surgeon but to the general practitioner, *The Homœopathic Treatment of Surgical Diseases*, by Gilchrist. It covers not only the treatment of injuries, but all those diseases that are improperly called surgical. It combines the repertory and special indications in a thoroughly practical way. It relegates the knife to where it properly belongs, instead of—as many are doing—making it almost a panacea.

The Symptom Register of Pure Materia Medica is invaluable in finding special symptoms of a case. It is thus useful, and although covering the same field as Knerr's, yet being based on the author (T. F. Allen's) *Encyclopedia of Materia Medica*, it has its own work to do and does it well. An error was committed in leaving out the *Conditions*, which were to appear in another volume but which has not been published.

Berridge's *Repertory of the Eyes* will sometimes help one out of a difficulty in which the eye symptoms are concomitant as well as when they are the seat of the disease; so that its field of usefulness is wider than its name indicates. It is a marvel of extensive and exhaustive research such as few but its learned author could write.

There is another repertory which, though I have kept it to the last, is by no means least, viz., *Gonorrhœa*, by S. Kimball. It is more than its name implies, for it covers urinary symptoms as well, better than they are handled in any other work and also gives the symptoms of other venereal diseases. My deceased friend, Dr. James Lilienthal, frequently commended its usefulness and reliability which I heartily endorse.

I have not mentioned Constantine Lippe's or Winterburn's, as I am of the opinion that being based on the characteristic symptoms only, they are too circumscribed.

There is one use of repertories that should not be over-looked, viz., for the study of materia medica. Of course I do not say

that we should learn long lists of remedies that have certain symptoms. But as at the bedside we first have the symptom presented and there we are to find the remedy or remedies that corresponds, so we should learn from that point of view.

For such an object, Winterburn's, Lippe's, Eggert's Discharges, and by judicious selection Knerr's, are well adapted. This is not to supercede the works on materia medica but to supplement them.

A CORRECTION.

TO THE EDITOR OF THE HAHNEMANNIAN ADVOCATE:

As I am responsible for the appearance in book form (though not in detached form as printed recently in the HAHNEMANNIAN ADVOCATE) of certain Aphorisms of Dr. Kent and as he knew nothing at all of the appearance of that particular Aphorism in either form until the May ADVOCATE came to his notice, I think it no more than just that I should reply to Dr. J. J. Sturgis' remarks in the July number, where he draws the conclusion from said Aphorism that Dr. Kent ignores Keynotes. I would say that if Dr. Sturgis had been permitted to read the rest of the Aphorisms he would have better understood this one. I sat for three years under the instruction of Dr. Kent in the principles of Homœopathy and know that during that time he did not ignore nor advocate ignoring Keynotes. He simply impressed upon our minds that we must know *farther* than Keynotes; that not only the surface symptoms of the remedy and the patient should agree, but also the interior nature of both. That if this were not observed we should simply palliate for a time and not cure our patient.

Will you kindly print this in your August number of the HAHNEMANNIAN ADVOCATE and stay Dr. Sturgis' deductions until he can read the whole collection?

Yours fraternally,

H. B. CARPENTER, M. D., H. M.

Editorial.

SIMILIA SIMILIBUS CURANTUR.

These are the words which our great Father breathed,
Words that resound throughout the glorious past,
A greater legacy never man bequeathed—
They shall re-echo while the world shall last.

Oh, Hahnemann, I hear thy glorious name
Sounding undying through the halls of time—
High as the Heavens we exalt thy fame,
While thy words burden winds of every clime!

Thou stood'st alone, amid'st a host of foes,
No weapon but the Truth thy hand did'st wield,
At first alone, but soon around thee rose
A solid phalanx that disdained to yield.

May we, thy followers of these latter days,
Be armed with naught but Truth—thy sword and shield—
And in the fight while we enhance thy praise,
May we, like thee, stand firm nor ever yield.

FREDERICK HOOKER.

Syracuse, N. Y., Aug. 4, 1896.

OUR MATERIA MEDICA.

Our materia medica, voluminous as it is, is not satisfactory to the medical profession and for many years the medical journals have given place to the criticisms and suggestions of the profession. Repeated efforts have been inaugurated for the elimination of the gross errors which have been permitted to find lodgment among the recorded provings of the different remedies therein contained; but in every case the results of their labor has been unsatisfactory to those who have been accustomed to depend upon the old materia medica for support in the time of trouble. In many cases where the revised and thoroughly scientific (?) materia medica have been adopted as a reliable therapeutic guide the results following its use has been so unsatisfactory as to make of them therapeutic agnostics who were almost ready to deny their faith in any therapeutic law of cure.

There must be a reason for these unsatisfactory results, because some of the brightest minds in the whole profession have

been conscientiously engaged upon this work, and we have not far to go in finding the secret of the whole matter. The natural trend of scientific investigation is along materialistic lines and in the study of medicine this same tendency is made most apparent. The fiat has gone forth that PATHOLOGY—*Morbid Anatomy* must be the center around which all investigation must radiate and to fit this hypothesis, the *materia medica* must be adjusted and everything eliminated which cannot be measured by this standard.

Hahnemann said:

"It is solely the morbidly affected vital principles which brings forth disease."—(*Organon*, § 12).

Again he says:

"It may be readily concurred that medicine could never cure disease if they did not possess the faculty of changing the general state of the system, which consists of sensation and action, and that their curative virtues are owing to this faculty alone."—(*Organon*, § 19).

"The physician who engages in a search after the hidden springs of the internal economy (for the cause and nature of disease) will hourly be deceived." (Raue). It therefore follows as a logical conclusion that the only basis upon which medicines may be selected for the cure of disease is the *dynamic* and the only indications are determined by the *changed* conditions of *sensation* and *motion* (invisible and immaterial conditions or states).

The great trouble with all who condemn the present arrangement is to be found in the limited knowledge they have, not only of their *materia medica*, but the principles governing the selection of a remedy to each individual case and they have no right to expect satisfactory results until they have become thoroughly in accord with the spirit embodied in the law of *similia* and have striven to interpret the recorded expression found in our *materia medica* and through this conception of disease-producing and disease-curing agencies.

A body of men and women are brought together for the purpose of making a scientific test of the action of an unknown drug upon the human system. All of these individuals have been carefully selected and a thorough test has been made of the functional activity of the different organs of the body, a record is made of the *known* idiosyncrasies by being placed upon a blank remedy; they all report a fair state of health; their en-

vironment for a considerable time has been pronounced good and they have a certificate of health to begin with. Because of this favorable environment, there has been nothing in their recent lives to arouse latent and dormant forces, the record is practically negative and each individual starts upon the proving with a clean record.

Prover No. 1. Is a man thirty years of age, tall, spare, large bones and muscles well developed. He is of a motive-bilious temperament. The first twenty years of his life was spent in an unfavorable environment, in which he was exposed to extremes of heat and cold, moisture and dryness. And on account of the nature of his work suffered with pain and swelling in the muscles and joints of the body. With different conditions of the alimentary tract according to the different changes in his environments and mode of living. During the past ten years he has lead a quiet, even life and many of the effects of previous exposures are gone, still he possesses the same constitution, the same temperament that he did in years gone by. Under the influence of this drug many of these *latent* peculiarities are brought to the surface and a record is made of the same. It is very apparent in this case that the drug employed was capable of producing symptoms pothognomonic of itself. It was also capable of arousing in an individual of this temperament certain latent expressions of the diseased conditions, which had lain dormant for so many years, as to have been comparatively forgotten.

Prover No. 2. A lady, fifty five years of age. Short in stature, small bones. Delicate features, of a mental-vital temperament, has passed the menopause, is the mother of six children. During the child-bearing period she suffered both mentally and physically, but since the menopause, owing to a state of rest and congenial environment, was considered a good subject upon which an accurate proving might be obtained. Differing in constitution and temperament from No. 1, only those symptoms due to the direct action of the drug upon any constitution were similar, but the latent forces of this particular temperament was aroused to such a state of activity that the suffering both mentally and physicially gave a record intense in every particular.

Prover No. 3. A young man, from a pleasant home, having no cares and a state of comparatively good health. Medium stature, well developed, rather inclined to a superabundance of

fat. Phlegmatic in temperament. The record made of his provings were indifferent in character and possessing little clinical or scientific value. It was found, however, that a certain tendency to catarrhal troubles and certain susceptibility to certain changes in the weather disappeared under the proving of this drug and the same was stated in the record.

Prover No. 4. Was a young lady. Tall, spare, blonde, sanguine—vital temperament with no particular cares or responsibilities in life, but inclined to close observation and studious habits. Under the proving of this drug her record shows a marked perversion of almost every organ of the body, giving a record definite in character and complete in every detail. An analysis of this case shows a family history with a marked tubercular tendency which, however, had never been suspected by prover No. 4. This susceptibility had remained dormant until aroused into activity by this drug and from the time of the proving until the day of her death, nothing could be done to arrest the rapid breaking down of this seemingly healthy constitution.

Prover No. 5. Was that of a woman, unmarried, medium in height, well formed, brunette, of a sanguine-bilious temperament, whose previous history showed irregularities in the functional activity of the alimentary tract, painful and profuse menstruation and a temperament easily disturbed by her environment. The previous history was full and complete. In the proving of this drug no particular changes were noted in the constitutional tendency of the individual, other than an aggravation of her natural condition. The record shows almost nothing when the previous history of the case had been eliminated.

Prover No. 6. Was that of another young lady, unmarried, medium in height, sanguine-bilious temperament, brunette, whose environment had been so pleasant and whose life had been so free from care and responsibility that very little of an abnormal character could be found in her previous history. Under the influence of this same drug, however, she showed peculiarities of disposition that had never been dreamed of, mental and moral perversions which seemed as foreign to her nature as anything conceivable. Physicial derangements that would naturally go with this temperament was brought to the surface, making a record full and very satisfactory in character.

In these records, taken separately, we find the action of a

single drug upon different temperaments with constitutions more or less impaired by inherited tendencies or unfavorable environments. A composite record of these symptoms arranged in rubrics could not fail to be so confusing and unsatisfactory as to prove of little value from a therapeutic standpoint to a novice or a superficial symptomatologist, and still such is the source of our *materia medica*. And it is because many of our physicians have nothing but a superficial knowledge of their *materia medica* that they condemn its present arrangement and demand a *materia medica* founded upon pathology, supplemented by mechanical tests and measurements whose clinical value is based upon the same unsatisfactory deductions to be found in the therapeutics of the dominant school. On the contrary, to the masters of our *materia medica*, almost every thing that seems chaotic in character is arranged in such a clear systematic order as to be resolved into a record of wonderful simplicity.

During all of this time there has been a faithful body of investigators who have gone *beyond* the recorded symptoms, *behind* the key-notes and determined the genus of the remedy, *i. e.* the constitution and temperament upon which its action was most perfectly developed, and in every case where the investigation has gone *beneath* the surface, exceedingly satisfactory results have crowned their efforts, and they have been enabled to demonstrate their unlimited confidence in the material from which they selected their *simillimum* by the uniform success which attends their efforts.

There is but one *materia medica* compiled in accordance with this condition and the reason why Hering's *Guiding Symptoms* is not found in the library of every physician is because comparatively few are familiar with the wonderful comprehension that profound scholar had of the nature of disease and the conditions which must be fulfilled in the arrangement of a *materia medica* capable of furnishing an image similar to the real totality of symptoms found in the sick; and comparatively few of those who are familiar with the great value of this work realize the wonderful richness to be found within its pages. We have not only the direct action of the different drugs upon the organized structure of man, but that which is of far greater importance in guiding the physician to the selection of the *simillimum*, a record of the peculiarities of constitution and temperament due to unfavorable environments, which had become latent under favorable

changes in environment, and thus remained until aroused to activity under the influences of some particular drug or condition. We have but to go beneath the surface and study the differences in constitution and temperament, with previous history of the different provers of any drug to find the source and the secret of the wonderful flexibility of our *materia medica*, as well as the real significance of the symptoms therein contained.

ALUM IN BAKING POWDER.

PETER J. LATZ, PH. C., M. D.

Prof. Chemistry, Dunham Medical College, Chicago.

Several years ago, when I was City Chemist of an eastern city, in which capacity I had to keep an eye on food products, I found that a large number of the baking powders on the market contained alum, some a considerable percentage. I did not hesitate to condemn these baking powders as injurious to the health of the people using them. I also proved that they diminished the nutritive quality of the bread.

Alum combines the phosphorous salts in the bread, renders them indissoluble, and hinders the digestion; hence colic, headache, constipation, etc., ensue.

When the Health Department published my report, I was violently attacked by one of the baking powder manufacturers. This gentleman claimed that the alum contained in the baking powder was not detrimental because the *natrum bicarbonate* added to the powder caused the alum to be decomposed before its introduction into the stomach.

Dr. Hehner, President of the Society of Public Analysis in London, has meanwhile endeavored to find out how far the dissolution of albumen, in the shape of the whites of hard boiled eggs, by means of pepsin, is hindered by aluminiferous baking powder. He has established the fact that the effect of the powder is almost equal to that of the alum contained in it. With raw flour, the effect of the alum is yet greater. With milk, aluminiferous baking powder had the same effect as an equal quantity of pure alum. Hehner also tried the effects of aluminiferous baking powder on himself and three of his assistants. Each of the four experimenters consumed so much of the powder as the directions on the can required for four ounces of bread. All of them got stomachache and constipation, followed by

diarrhœa. In one case the effect lasted several days.

A large number of the baking powder brands sold in Chicago have recently been examined in the laboratory of the Dunham Medical College with a view to finding out whether they contained alum or other ingredients detrimental to health. It is intended to continue this work and to publish a description of the method of examination, and of the results obtained in the *ADVOCATE*. An easy but certain test for discovering alum in bread will also be printed in this journal before long.

PREROGATIVES OF STATE BOARDS OF HEALTH.

With the recognition of the importance of raising the standard of sanitation, laws were passed in nearly every state empowering the appointment of state and local boards of health, defining their sphere of action and conferring upon them powers in accordance with the same, but with the taste of power the desire for additional prerogatives upon the specious plea of protecting the public has grown until the public is really menaced through the powers assumed by this important body. As an example of the tendency to assume powers not originally intended, attention is called to the circular issued by the State Board of Health of Missouri called "Minimum Requirements of the State Board of Health of Missouri" with reference to conditions that must be fulfilled before any college can be in good standing in that state. In this circular the State Board practically demands that the policy of every college shall be molded in accordance with their ideas and that they shall be the judges, not only with reference to the facilities possessed by the college for teaching, but also the sufficiency and efficiency of the teachers and in addition to that demand that the conditions, not only for entering but leaving the college shall be regulated by their august body. In other words they would examine the faculty to determine whether they were capable of teaching; examine the college to determine whether proper things could be taught therein; examine the students to determine whether they were competent to enter upon such important work and then make a final examination to determine whether they had faithfully performed the duties entrusted to them. Furthermore they demand a tabulated statement of the attendance and application of each student during his or her college life. The Hahnemann College of Philadelphia has very pertinently answered this officious board to which your attention is called in Our Monthly Review.

OBITUARY.

DR. JOHN L. FERSON.

The committee appointed to draft a set of resolutions in memory of Dr. John L. Ferson, deceased, beg to report the following:

WHEREAS, In the dispensation of an All-Wise Providence, our esteemed friend and fellow member, John L. Ferson, M. D., has been removed from the scenes of his labors and good works in this world, and has entered upon his rest in the other and better world; and

WHEREAS, Many years of professional fellowship and acquaintance have endeared the deceased to each of us, and have demonstrated in him superior acquirements as a physician and noble qualities as a man, and,

WHEREAS, By his death this Society has been deprived of one of its most loyal and earnest members, and his professional associates of the benefit of his judicious counsel and wise advice; therefore,

Resolved, That in the death of Dr. Ferson, the Homœopathic Medical Society of Allegheny county has lost a faithful and valued member, and the system of medicine which he so steadfastly and ably supported, has lost one of its truest and most consistent advocates.

Resolved, That we tender the bereaved family of the deceased our heartfelt sympathy and condolence, and fervently hope that their affliction will be less keenly felt by the assurance that he will be gratefully remembered by a community in which he was so highly esteemed and universally beloved.

Resolved, That a copy of these resolutions be spread upon the minutes of the Society, be sent to the family of our deceased fellow member, and to the principal medical journals of our school.

Resolved, What as the last act of respect and esteem that it will ever be our privilege to pay to Dr. Ferson, the Society attend in a body the funeral services, Thursday morning, July 9th, at his late residence, Wylie avenue.

Signed,

W. J. MARTIN, M. D.
J. B. McCLELLAND, M. D.
J. F. COOPER, M. D.
J. C. BURGHER, M. D.
T. A. WILLARD, M. D.

Allegheny, Pa., July 7, 1896.

Our Monthly Review.

Authorities in Materia Medica. Dr. M. W. VanDenburg in the *North American Journal of Homeopathy* very properly urges the importance of attaching authority to every symptom recorded in our materia medica, so that the students may be able to judge of its value by association with the known intricate and suggests the following remedy for the looseness with which the pathogenesis of our materia medica is made up. He says:

- 1st. A great deal more caution in publishing.
- 2d. A great deal more care in selecting.
- 3d. A gradual accumulation of confirmations and failures, as regards the value of given symptoms.
- 4th. A much more careful setting forth of concomitant symptoms.

The drug must be comprehended as a whole, not as an association of fragments, and to do this the patient's case must also be comprehended. Where the drug has been carefully proven, the totality of symptoms manifested from stage to stage must be clearly presented, so that it (the totality) may be readily comprehended. The totality in cured cases are of no less importance. It is this totality that the drug cures if it cures at all and it is the partial manifestation that is modified by the partially adapted drug.

Proving of Nux Mochata. J. P. Young man, dark hair and complexion, ate two nutmegs. No immediate effect. Afternoon urine had aromatic odor. Felt exhilarated and felt able to do more than usual. Felt mentally exalted, as if he could argue and hold his own on any subject. At dinner extremely thirsty, mouth felt parched, could not drink enough to quench the thirst. After dinner head felt strange, as in a dream; seemed to be two persons and his real conscious self seemed to be watching his other self playing. Could not play well, struck several false notes and was at last obliged to give it up. Seemed lost and when spoken to would come to himself with a start. Hearing for distant sounds much more acute than usual; he could hear people talking in a low voice in the passage outside of the room, which he would have been unable to do ordinarily. Sleep disturbed by a tendency to night-mare. Next day languid, tired and unfit for work, but the other symptoms had passed off. Skin dry, almost jaundiced like a bilious attack. Tongue dry and furred at the back. Bowels constipated.

Constipation in Children. The following various causes form a great part in the consideration of its treatment; among the causes given may be noted: First, unsuitable diet, referred back to the mother while pregnant or chronic constipation of the mother and inherited condition in the child. Second, dryness of the mucous membrane, often caused by not taking sufficient fluid, or by taking starchy food. This particular variety of constipation is not produced so much by a dryness of the bowels as by causing a hypersecretion of the mucous membrane whereby the fecal matter becomes so slippery that the normal peristalsis is insufficient to grasp and carry them on. Third, atony of the bowels, not only of the rectum, but of other parts; especially is this seen in

ricketts. Fourth, an abnormal length of the descending colon. Fifth, the abuse of preparations of opium in infants and the home remedies in colicky and fretful children, who are dosed with preparations like soothing syrup, etc., all of which contain drugs which end toward constipation. Another abuse is the use of purgatives and their repeated use is often the cause of prolonged and persistent constipation. Sixth, the habitual neglect of regularity. Seventh, overcrowding children with studies; especially is this noted in young girls who, to obtain various accomplishments, sit long after school hours. Regulate the diet if at the breast. The mother's diet must be regulated and she must be treated as well as the infant. In bottle fed children beware of starchy food. In atony it is worse than useless to use purgatives of any kind, because the weakness is only increased by forcible efforts. Of the commonly used remedies the following may be especially mentioned:

Aesculus hipp. is an excellent drug where *Nux Vomica* has been indicated and failed. It corresponds with the dryness of the mucous membrane and sluggishness of the rectum, but not to the irregular peristalsis. The stools are in dark hard balls.

Nux Vomica may be given at the beginning of treatment where the child has been dosed with large quantities of *Opium* and other allopathic drugs; it relieves these patients for a time, but if continued a few weeks later the trouble returns and *Nux Vomica* will not relieve the difficulty, no matter what potency or however used. (*The doctor will simply be astonished with the results obtained from giving high potency of the soothing syrup and other preparations, in which Opium has been abused in these cases. Nux Vomica does not so perfectly cover the case as Opium does and Opium will not so perfectly cure as will that preparation containing Opium or some of its alkaloids which was the cause of the whole trouble.*—Ed.)

Alumina is probably used more frequently in the constipation of children, especially of infants, than any other drug. It is a valuable remedy where atony is present and there is absolutely no inclination for a movement. The stools are not the dark color indicated in *Aesculus hipp.*, but are much lighter in color and so seem to indicate improper action of the liver.

Chamomilla is the remedy, especially in cases where soothing syrup has been used to considerable extent, in peevish and fretful children who cannot be pacified except by being carried. They have had pains with the movements of the bowels and are afraid to have a movement.

Natrum Muriaticum is often of great service where the stool is so large as to cause fissures and these fissures are so sensitive that the child holds back the contents of the rectum. This remedy may be supplemented by lubricating the mass with sweet oil by small injections, which permits a painless movement and the child is willing to allow a daily operation to occur.

Nitric Acid is especially adapted for fissures where a hacking cough is present.

Ignatia and *Sulphur* are indicated where there is prolapsus of the rectum and large masses of feces.

Podophyllum also has this prolapsus, but is due to the sluggish mucous membrane and is found more in diarrhoea.

In *Lycopodium* the accumulation is never fully expelled; a few little pieces

pass but nothing more and these with great effort and flatulence results on account of the presence of the accumulated mass.

Platina stands between *Plumbum* and *Silicea* and the stools seem to cling to the anus and is not perfectly expelled.—(Martin Descher, in *North American Journal of Homœopathy*).

General Therapeutical Indications for a Few Remedies.

Argentum nit. is often overlooked in the treatment of subacute or chronic catarrhal inflammation of the pharynx and larynx. There is a secretion of clear, tenaceous mucous from the more or less reddened mucous membrane and *sticking* pain is felt when swallowing; also a *continuous sense of soreness and rawness* is experienced in the above named localities, and the voice is considerably altered in tone. These symptoms are not infrequent in speakers and singers.

While *Rhus tox* from its well known action upon ligamentous and fibrous tissues renders it of great service in sprains; the claims of *ruta grave.* are not to be overlooked.

The absorption of organic poison, externally or internally, often give rise to *arsenic* or *baptisia* symptoms, for which these remedies should be prescribed.

Eupatorium perfoliatum has frequently been indicated during the past few months in cases of influenza (grippe?) when in addition to catarrhal symptoms of the eyes, nose, throat and bronchia, there had been a sense of weakness and "general wretchedness," together with painful soreness and intense aching in the muscles and bones.

Apis as well as *lachesis* cannot bear the contact of clothing about the neck.

Babies that fret and cry all day, but sleep well at night, are subjects for *loco-podium* or *jalap*.

Sulphur as well as *aloes* has such relaxation of the sphincter ani that the sudden pressure induced by sneezing, laughing or evacuation of flatus is attended by escape of liquid feces.

The "map tongue," so difficult of cure, sometimes yields to *ranunculus scler.*

Sticta pulmonum has won laurels in relieving sleeplessness occurring night after night, when this is due to "nervousness," or when it proceeds from cough, in the latter case relieving both cough and insomnia at once.

Stillingia rivals *mercurius* and *eupatorium* in "bone pains;" ascending paralysis is caused and cured by *arsenicum*.

When the corners of the eyelids, of the nose or of the mouth are cracked and sore, think of *graphites*.

Cubebs parallels *gelsemium* in the person who is subject to catarrhal inflammation, and who urinates frequently and profusely whenever there is anticipation of any ordeal.

Debility, associated with erethism, is the prominent effect of *cinchona*.

Sore and inflamed throat, commencing on the right and extending to the left side, is met by *belladonna*, *lycopodium* and *sulphur*.

The *pulsatilla*, *cycamen* and *antimonium crud.* are made worse by fatty or greasy food, while on the other hand the subjects for *calcareæ phos.* and *mercurius* crave and are benefitted by it. I have seen *calcareæ phos.* infants suck fat meat with a relish like that of the little Esquimaux.

Ruta graveolens may save the use of spectacles in those whose vision has

been overstrained or weakened by excessive use, reading fine print by artificial light, or by fine sewing or lace work.

The use of *sulphur* and *calcareo* is not sufficiently appreciated in the treatment of disease, especially in childhood and adolescence. Carefully selected and well indicated remedies relieve for a time only, and then allow a gradual return of the disorder, or these do not accomplish the benefit that should have followed their administration. The above named remedies should now receive consideration, and according as the symptoms of one or the other are present to be prescribed. These subjects are of scrofulous diathesis in greater or less degree, and subject to cutaneous disease or glandular enlargements, with faulty digestion and impaired assimilation.

Apis and *mercurius* throats are not greatly reddened when inflamed.—(*Pacific Coast Journal*).

Pre-Natal Influences. H. R. Arndt, editor of the *Pacific Coast Journal*, is writing a series of papers upon this delicate subject. The first paper appearing in the series presents the following points: That all men and women are more or less under the sway of the passions that belong to humanity, whether these be the lower passions, like the love of eating, drinking or idling, or those of a more exalted order, such as the love of fame, power or wealth. That each passion is based upon some necessity of our nature. That it furnishes a needed incentive to action and works benefit or harm as it is mastered or becomes master. That the sexual passions partakes of the same power for good or evil as the development of other functional activities and depends upon the same conditions. That the propagation of the race is not the all important object of sexual life, but that its highest ideal is marked by its exclusiveness based upon the existence of physical, moral and mental qualifications, which determines the selection of one particular individual and creates a desire for mutual possession, unconditionally and absolute. It is the meeting and union of supplementary halves of one whole; the irresistible merging into each other of soul to soul; the touch of spirit to spirit; the equalizing of balance between the masculine and feminine element in man. This consummation depends upon love and conscious—sensuality plays a most insignificant part if it is at all present. When properly mated it is the most potent factor in developing the highest and noblest part of man or woman and is the only medium through which the animal may be separated from the human.

Ante-Natal Influences. Carolin L. Guild, in the *Pacific Coast Journal* for August takes the position that the work of the coming physician will be largely prophylactic and that no field of prevention of disease presents as encouraging a prospect as that offered to the practitioner in directing the prospective mother along the best lines for securing well developed offsprings, physically, mentally and morally. In opposition to the position taken by some scientists who deny the possibility of pre natal impressions upon the grounds that the foetus has no direct connection with the mother excepting by the placenta and umbilical cord and that the blood of the foetus is separated from the maternal blood by a membrane, which precludes the possibility of maternal impressions, after the development of the child, to any greater degree than it regulates the quantity and quality of blood carried to the foetus, but the position that the mental and spiritual side of the question should be of the

greatest interest to the child and that the life force transmitted by the parents to the foetus has at all times and under all circumstances intimate association with the life force of the mother, which prevades every part of her organized structure. Liberal quotations from Brittan, Carpenter, Hammond, J. Lewis Smith and others tend to establish her point.

Minimum Requirements of the State Board of Health of Missouri. In these "requirements" and permissions you have practically asserted your purpose to control almost every function of the Faculty of this College. You dictate to it who and what its students shall be, what shall be their qualifications and how they shall gain admittance to its classes. You, in effect, forbid the Faculty to examine an applicant to ascertain his firmness for admission, and you constitute and appoint agents outside the college authorities to execute your orders and to examine the applicants for admission, and you make these appointments without reference to the wishes, opinions, or rights of the Trustees or Faculty. You command the Faculty, under penalty of your displeasure, to make careful records of the acts of these, your agents, so far as these acts refer to persons admitted to the college, and to submit a copy of these records, under oath and the seal of the corporation, to your Board annually, and the idea of assigning a reason for these unheard-of requirements seems not to have occurred to you. You dictate the course of studies, the branches to be taught, the (graded) order of their presentation, and the time to be devoted to each of them, though as yet you have issued your orders respecting only a portion of them. You issued a mandate respecting the "mode" in which the teachers shall carry on their work of instruction, and thus assert the prerogative of controlling and directing the entire educational work of the College. You assume charge of the college discipline, and lay down rules for its order and government. Finally, you propose, "whenever practicable," to dictate the time when, and the person by whom, the final examinations shall be conducted, and declare your purpose "whenever practicable," to prohibit the Faculty from examining their own candidates for graduation.

We observe that there is left one province of the college authority which you have not, as yet, invaded. The institution is still permitted to select and appoint its own trustees and professors. For this we are properly grateful. But your "Requirement" No. 6 gives an intimation that even this prerogative is under consideration by your Board, so far, at least, as it relates to the appointment of teachers. At what time in the near future you propose to take charge of this business also you have not been pleased to inform us.

Therefore, We, the Faculty of the Hahnemann Medical College of Philadelphia, hereby notify you, the State Board of Health of Missouri, and all whom it may concern,

1. That the Faculty of the Hahnemann Medical College of Philadelphia will retain the sole and exclusive control, direction and execution of all measures pertaining to its general and educational management, including the enactment and administration of rules governing the qualifications of students for admission, promotion and graduation, the work of examining students for all these purposes the determination of the status of those holding certificates of examination in literary schools and in dental, pharmaceutical, veterinary and medical colleges, the branches to be taught, the arrangement and order of the

studies and the time allotted to each of them, the modes of instruction, and the rules and enforcement of discipline.

2. That this Faculty will not permit any interference whatever with their exercise of any of these functions, nor submit to any dictation or control by any State medical examining and licensing body, nor by any other persons or authorities whatever; and will not recognize nor respect any "requirements" or rules sought to be imposed upon us, except such as we may receive from the Board of College Trustees, or the courts of this Commonwealth.

3. That in thus refusing to yield any of our prerogatives as a Faculty we are actuated by two reasons. First, we could not if we would, because the charter and statutes of the College, as well as public sentiment, hold us responsible for the conduct and management of its educational work, and we are not vested with power or authority to surrender or transfer this responsibility. Second, we would not if we could, because we are firmly of the conviction that the professors and teachers in a medical college are by far the most capable judges of any and all matters and questions pertaining to the progress and proficiency of the medical student and of his relation to the vital public interests which medical education is intended to subserve—a conviction which the outcome of the recent medical legislation in this country is constantly confirming.

In "Requirement" No. 8 you make a demand upon this Faculty that we furnish you annually with "a complete list of all matriculates" of this college, "with the basis upon which each applicant matriculated, etc., the list to be sworn to by the executive officer of the college, and attested to by the secretary under the seal of the college."

This demand will not be complied with. The basis upon which a student is allowed to matriculate in this college is, in the opinion of this Faculty, an affair with which your board has not the remotest legal or legitimate concern, except possibly, as it relates to those of our graduates who may apply for license to practice in your State. In such cases we will furnish you the information upon request should you fail to obtain it from the applicants themselves.

This Faculty fully concedes the proposition that a medical licensing authority should be acquainted with the terms of admission, promotion and graduation, the course of study, the time and attention given to each branch, the facilities for illustration, demonstration and manual training—in a word, the completeness and efficiency of the educational work of any college whose graduate it proposes to license *without an examination*. But for such a board to ask such information respecting any applicant whom it proposes to examine before licensing, is to confess its own examination an inadequate test of qualification, and is tantamount to an admission that such State Board examinations are a farce, and, therefore, a public and professional fraud.

It is proper, however, to say that this Faculty will, in all possible ways, aid and facilitate inquiries relating to the admission and promotion, as well as the final examination and graduation of the students of this college, the course and arrangement of studies, and the means and facilities at its command for imparting a complete and thorough course of instruction. This aid will be gladly furnished to any and all persons and authorities having legitimate use for such information.—(Pemberton Dudley, M. D., Dean and C. Mohr, M. D., Registrar, in the *Hahnemannian Monthly* for August.

Book Reviews.

The Atlantic Monthly for August. Fifteen years ago the *Atlantic Monthly* gave Mrs. Stowe a breakfast on her seventieth birthday at which a notable company was gathered. At her death it pays a tribute to her in some ways quite as significant. The leading article in the number for August is *Reminiscences of Mrs. Stowe* by Mrs. James T. Fields, who was her intimate friend during the whole period of her fame. There are several noteworthy literary papers. Prof. Paul Shorey of the Chicago University, who is one of the ablest of our philosophical writers, explains in most suggestive fashion the "Present Conditions of Literary Production," making a summary of the forces at work for and against literary activity; and Mr. Henry D. Sedgwick, Jr., in an out-door essay, "A Holiday with Montaigne," combines an account of an excursion in a canoe with a rare interpretation of the old French essayist,—a most delightful paper of literary charm. A new story is begun in this number by Mrs. Catherwood, the scene of which is a new prairie town. It is a story full of action and real life, with a strong flavor of the soil. Other fiction is a continuation of Henry James's novel, "The Old Things," and a short story with a moral, "A Literary Model." Lafcadio Hearn writes for this number of the *Atlantic* an explanation of Japanese art which gives the Western reader the Japanese point of view,—a thing that has never before been so plainly done; and European drawing is criticised from the Japanese point of view. Other papers in the August *Atlantic* are the final installment of the letters of Dante Gabriel Rossetti; a sympathetic review of Eugene Field's career and works, a poem by Mr. Aldrich, and an invigorating account of a caribou hunt in Canada when the mercury stood twenty degrees below zero.

Lippincott's Magazine for August. The complete novel in the August issue is "The Great K. & A. Train-Robbery," by Paul Leicester Ford. The scene shifts from one part of the West to another; the action has some rapid and surprising turns, especially when the actors are considered; and the result is an eminently readable and lively narrative. "Golden-Rod and Asters," by Neith Boyce, is a tale of youth renewed after a long interval, and of a middle-aged reunion. It was the office-boy of whom Evan R. Chesterman writes in "The Devil's One Good Deed," and the deed was one of life saving and sacrifice. George Montbard, a French artist now in London, tells of "A Narrow Escape" which he and a comrade had during the Franco-Prussian war, the result of a rash adventure on the outposts. "Heraldry in America" may appear to many an unpromising subject; but Eugene Zieber has much to say in exposition, defence, and praise of it. Rhoda Gale writes of "Immigration Evils," and sustains her argument by figures and facts rather than by declamation. The poetry of the number consists of a sonnet by John B. Tabb and quatrains by Edith M. Thomas, Clarence Urmy, and Arthur W. Atkinson.

Review of Reviews. The editor continues in the August number his analysis of the political situation, with especial reference to the candidacy of Mr. Bryan, the Chicago platform, and the position of the Democratic party on

the currency question. The *Review's* editorial comment on current events is still the best monthly summary of the kind that appears in this country. Apropos of the fact that the only prominent New York newspaper which supports the nomination of Bryan is the *Journal*, Moses P. Handy is reminded of a story about Willis J. Abbot, the *Journal's* chief editorial writer. For some weeks before the Chicago convention the *Journal*, at Mr. Abbot's suggestion, was publishing signed articles by prominent men on each side of the silver question. It seems that among the names of men from whom such articles were desired Mr. Abbot submitted to Mr. Hearst, the *Journal's* proprietor, that of William J. Bryan, of Nebraska, whom he had known and admired for years. Mr. Bryan's fame, however, had not then reached Mr. Hearst, and, strange to say, the name of the man who was a month later the Democratic nominee for President was the only one crossed off the list. "But he may be nominated for President," said Mr. Abbot. "Yes, very likely," said Mr. Hearst, ironically, "but not this year." Mr. Abbot, who was a Chicago newspaper man for many years before he came to New York, was not surprised by his friend's nomination. He contributes to the August *Review of Reviews* an interesting character sketch of Mr. Bryan.

Present Status of Pediatrics. Edited by Benj. F. Bailey, of Lincoln, Neb., and Allison Clokey, of Louisville, Ky. This is a very ambitious effort made by the Chairman and Secretary of the Bureau of Pediatrics at the recent meeting of Homœopathy in Detroit. It presents the combined efforts of the entire bureau, among whom may be found some of the brightest members of the Institute. It is largely a composition from the more recent works upon diseases of children and consequently must be read with careful discrimination by the ordinary practitioner. In the majority of cases, the diseases are treated from a purely pathological standpoint and the remedies selected are those usually found in our text books upon this subject. We have looked in vain for those characteristic features to be found in the older works and so studiously avoided by the recent compilers of medical books. The editorial work is excellent and shows the imprint of the methodical mind of its editor, Dr. Bailey, and to those who desire a brief resume of the diseases peculiar to children, from the above standpoint, will be pleased with this little work. We understand the publishers design putting the book upon the market and selling the same for about \$1.00.

Secret Nostrums and Symptoms. Compiled by Chas. W. Olsen, M. D. Published by Olsen & Co., Chicago. The interest shown in the investigation of drug miasms has brought this little work into prominence as a medium through which the profession may determine the composition of most of the patent medicines forced upon the public by ingenious advertisements. By means of this the observing physician may determine many times the reason why disease symptoms seemingly point to certain remedies, and with this as the key to the situation, much that is obscure is brought to light, showing the influence exerted by the minor ingredients of many of these drug combinations. Upon the theory that a high potency of any drug becomes the simillimum for the disturbed condition produced by the prolonged use of a certain cure-all would be found in a potency made from the same. This theory is worthy of careful investigation, and this little work offers an intelligent medium through which the first knowledge of the composition of these compounds may be obtained.

The Hahnemannian Advocate

A MONTHLY HOMŒOPATHIC MAGAZINE.

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No. 9

Materia Medica.

DIFFERENTIAL ANALYSIS—ACONITUM, GELSEMIUM AND ARSENICUM.

EDWARD FORNIAS, M. D., PHILADELPHIA, PA.

VASCULAR PHENOMENON (Concluded from August.)

Aconitum. PULSE. *Strong, hard, full, bounding, in fever; small, intermittent, irregular, in asthma; quick, hard, small, in peritonitis; may be slow, almost imperceptible, or quicker than the heart's beat.*

Gelsemium. PULSE. *Slow, full and yielding, in inflammatory fevers; frequent, irregular, intermittent, yet full, in malarial fevers; small, feeble, almost imperceptible, in cardio-asthenia and general debility.*

Arsenicum. PULSE. *Quick and small, in inflammatory fevers and asthma; weak, small and compressible, in ague; soft and frequent, in hectic fever; rapid, small, irregular, intermittent, in heart disease; almost imperceptible, in low, adynamic conditions.*

RESPIRATORY PHENOMENA.

Aconitum. ANXIOUS, LABORIOUS BREATHING. DYSPNŒA, *with a feeling of fullness and weight upon the chest.* SUFFOCATIVE ATTACKS, *from spasmodic closure of the glottis.* FALSE CROUP. *Child awakes in first sleep, in agony, tosses about, grasps its throat every time it coughs, sits up straight, can hardly breath.* **Dry, short, painful, or HARD, PAROXYSMAL, CROAKING COUGH.** **FIRST**

STAGE OF CATARRHAL INFLAMMATION OF THE MUCOUS MEMBRANES, *before any exudation takes place.*

Gelsemium. *Slow, heavy and laborious breathing. Long crowing inspiration; sudden and forcible expiration. Spasm of the glottis. Paroxysmal hoarseness, and distressing cough, excited by tickling, or the roughness of the fauces. Croupy cough in measles.* If catarrh invades the bronchi, the breathing becomes difficult, the chest raw and sore, the cough hoarse and croupy. CATARRHAL INFLAMMATION OF THE MUCOUS MEMBRANES, *with watery, sometimes excoriating (nose) never purulent discharges.*

Arsenicum. SHORT, DIFFICULT, *whistling*, ANXIOUS BREATHING. *Loss of breath of different degrees, OPPRESSION, DYSPNŒA, ORTHOPNŒA, APNŒA. Constriction of the trachea, or of the bronchial muscular coat, with tumefaction of the mucosa, leading to VIOLENT ATTACKS OF SUFFOCATION; patient springs out of bed in distress, inclines chest forward, becomes cyanotic and covered with cold sweat.* ASTHMA, CATARRHAL INFLAMMATION OF THE MUCOUS MEMBRANES, WITH BURNING, WATERY, SCANTY, EXCORIATING DISCHARGES.

GASTRO-ENTERIC PHENOMENA.

Aconitum. MOUTH AND THROAT, *dry and burning.* TONGUE, *furred, coated white; yellow; numb.* THIRST, INTENSE, BURNING, *unquenchable. Ice water causes cough. Better from cold drinks. After wine, blood spitting, congestions.* APPETITE, *lost, or loathing of food; or spoiled; desires wine or brandy; beer; bitter drinks. Gagging and retching.* NAUSEA AND VOMITING. *Vomiting of lumbrici and mucus, bile; of green masses; of blood, or bloody mucus. After repeated vomiting sensation of a cold stone in the stomach-pit. Epigastric sensitiveness. Burning from stomach up through œsophagus to mouth.* ABDOMEN, *hot, distended, sensitive. Meteorism, vomiting, inability to urinate.* INFLAMMATORY COLIC, *patient screams, bends double, and tosses about in distress.* INCARCERATED HERNIA, *with bilious vomiting.* STOOLS, *scanty, loose, frequent, with tenesmus, finally bloody, clay colored.* INFANTILE DIARRHŒA, *stools like chopped herbs.* DIARRHŒA, *painful during hot days and cold nights. Intolerable nightly tingling, itching at the anus.* SEAT-WORMS.

Gelsemium. FAUCES, *dry and burning.* TONGUE, *thickly coated, yellowish white; numb.* APPETITE AND THIRST, *little, but can take food or drink, without vomiting.* ADIPSIA. *Nausea, with giddiness and headache. Wine aggravates, especially the*

headache and eye symptoms. FEELING OF EMPTINESS AND WEAKNESS IN THE STOMACH AND BOWELS. *Oppression and fullness in the stomach;* worse from pressure of the clothing. *Rumbling and dull pain in the epigastrium,* relieved by passage of flatus. *Tenderness in the right iliac region during typhus.* PASSIVE CONGESTION OF THE LIVER, *with vertigo, dim sight, and fullness of the head.* *Sudden spasmodic pain in upper part of abdomen,* leaving a sensation of constriction, and causing him to cry out. STOOLS, *yellow, fecal; bilious; cream-colored; clay-colored; color of green tea.* DIARRHŒA *in nervous persons; after sudden emotion, grief, fright, bad news; anticipation of any unusual ordeal.* *Acute, catarrhal enteritis, during damp weather.*

Arsenicum. MOUTH AND THROAT, *dry, burning sore, aphthous.* TONGUE, *dry, morbidly red with raised papillæ; brown; white.* THIRST, *frequent, unrefreshing; water disagrees;* DRINKS OFTEN, BUT LITTLE AT A TIME, *or may drink much and often.* APPETITE, *lost; loathing of food; or spoiled; desires sour things, brandy, coffee, milk, etc.* NAUSEA, and VIOLENT VOMITING, *excited by food or drink.* *Fruitless retching, or scanty vomit, in drunkards.* *Vomiting of ingesta, gastric fluids, mucus, blood; black, brown, green, like rice-water.* *Epigastric pressure and distress.* Cramps. INTENSE BURNING PAINS, *in stomach, pit of the stomach, abdomen and anus.* STOOLS, *black; watery, acrid, excoriating the anus; slimy and green mucus; bloody, blood and water; like dirty water, painless.* DEBILITATING DIARRHŒA, *<after midnight.* CHOLERA ASIATICA. *Gastro-enteric symptoms from ice-water, ice-cream, fruit, spoiled food, alcoholic drinks, tobacco chewing, etc.* *Hemorrhages of dark, offensive blood.*

GENERALITIES, ETC.

Aconitum. EXTREME RESTLESSNESS, *agonized tossing about.* INCONSOLABLE ANXIETY, *presentment and fear of death.* IRRITABILITY. *Moaning and lamentations.* *Face bears an anxious expression.* *Must move about and change position often.* NOCTURNAL DELIRIUM, *raving, foolish talk, outcries in sleep, springs out of bed.* AFRAID OF A CROWD, OR OF CROSSING THE STREETS. VERTIGO, *or rising from a recumbent posture, with fainting and pale face; fears to rise again.* CONGESTION OF THE BRAIN, *with flushed face and throbbing carotids.* SUNSTROKE. *The brain feels as if it would start out through the eyes.* *Aversion to noises.* *Music is unbearable and makes her sad.* INSOMNIA *from fear,*

fright, or anxiety, with great restlessness. Burning, numbness, tingling; left side lame. RHEUMATIC INFLAMMATION OF THE JOINTS; parts swollen and sensitive to touch. Lameness and numb feeling in affected parts. INTOLERABLE, SHOOTING, TEARING PAINS, especially at night, causing wailing or crying. Stinging and burning in many parts of the body. NEURALGIA OF TRIGEMINUS, left side. MICTURITION, frequent, urgent, difficult; painful, drop by drop. URINE, scanty, fiery, red or dark red. MILK FEVER. Suppression of lochia. Asphyxia neonatorum; apoplectic symptoms. DYSTOCIA, with restlessness and fear of death. Vermicular affections. SKIN, dry and burning. Spots like flea-bites. Miliary rash. BAD EFFECTS FROM DRY COLD WINDS; FROM SUPPRESSED SWEAT; FROM EXPOSURE TO SUN, FROM FRIGHT, VEXATION OR ANGER; FROM DRINKING ICE-WATER WHILE OVERHEATED.

Gelsemium. *Moderate restlessness. Low, NERVOUS CONDITION, with drowsiness, languor, disposition to be quiet and abnormal increase of irritability. Face bears a heavy, dull expression. Dreads all motion; is inclined to avoid muscular exertion. DULLNESS OF MIND; incapable of thinking, or fix the attention. DELIRIUM, with incoherent talk. Semi-conscious mutterings. VERTIGO, with loss of sight; seems as if intoxicated on attempting to move. CONGESTION OF THE BRAIN, with a dull feeling in forehead and vertex; head feels enlarged and confused. THE BRAIN FEELS AS IF BRUISED; AND THE EYE-BALLS SORE. Muscular asthenopia. Mydriasis. DIPLOPIA. Eye-lids heavy. PTOSIS. Loss of hearing, with roaring. SPEECH THICK. INSOMNIA, cannot compose the mind for sleep; from brain exhaustion. Tingling, pricking, crawling. PROSTRATION OF THE WHOLE MUSCULAR SYSTEM. MUSCLES DO NOT OBEY THE WILL, FEEL BRUISED. Feeling of lightness in the body, from spinal exhaustion. Deep aching in the back and joints. DEEP-SEATED MUSCULAR PAINS. Shooting, tearing along the track of nerves. HEADACHE begins at the nucha, ascends over the head, and causes a bursting pain in forehead and eye-balls. Copious flow of limpid urine, relieves headache. INCONTINENCE OF URINE, in nervous children. Severe, sharp, labor-like pains in uterine region, extending to hips. COMPLETE ATONY OF UTERUS; os widely dilated. LABOR DELAYED BY RIGID OS. Puerperal convulsions. Papular eruption like measles. BAD EFFECTS FROM SUDDEN EMOTIONS, AS JOY, GRIEF, FRIGHT, BAD NEWS; THE ANTICIPATION OF ANY UNUSUAL ORDEAL.*

Arsenicum. *PERSISTENT RESTLESSNESS, cannot find rest in*

any position. UNAPPEASABLE ANGUISH, with sense of impending death. NOCTURNAL ATTACKS OF ANXIETY and inquietude, driving patient out of bed and walking about for relief. Face bears a distressed expression. SUICIDAL MANIA. Desponds of being cured. DELIRIUM full of anguish; violent; frequently muttering. VERTIGO of malarial origin; in the anæmic and ill-nourished; in asthmatics, during cough. Sensitive to light; photophobia. Everything appears green. VIOLENT BURNING IN THE EYES. INSOMNIA, with restlessness and moaning; mal-nutrition, or nervous exhaustion. FREQUENT FAINTING. RAPID SINKING OF STRENGTH. PROFOUND DEBILITY. PROGRESSIVE EMACIATION. ATAXO-ADYNAMIC CONDITION. Abnormal increase of nervous irritability, exhibited even when sunk in stupor. BURNING IN INTERNAL AND EXTERNAL PARTS. Pain, regularly and distinctly paroxysmal, as BROW AGUE. Masked manifestation of malaria attended by the peculiar thirst. Trembling, numbness, and weariness in the limbs. No characteristic headache. ALBUMINURIA. URÆMIA, in drunkards. CHRONIC ALCOHOLISM. ANÆMIA. DROPSICAL EFFUSIONS. GANGRENOUS AND CANCEROUS ULCERATIONS. CARBUNCLE. Pyæmia and Septicæmia. Hemorrhages. SQUAMOUS AND VESICULAR ERUPTIONS. Eruption delays or suddenly fades, becomes livid or intermixed with petechiæ. BAD EFFECTS FROM ABUSE OF QUININE, OR IRON; FROM THE USE OF SPOILED FOOD, OR POLLUTED WATER; FROM MARSH POISON; CHILLING THE STOMACH WITH ICE-COLD DRINKS; OR THE ABUSE OF ALCOHOL, etc.

Clinical Verifications.

S. E. CHAPMAN, M. D., NAPA, CAL.

CASE I.—CHOREA-MYGALÉ.

Eddie B.——, aged 14.

Was brought to my office three years ago. His was one of the most aggravated cases of chorea I have ever seen. He had been two years under old school treatment without benefit, and the time had arrived when his stomach would tolerate no more bromides, etc.

The jactitation and muscular contractions were constant and extreme, and his mother assured me that they continued even during sleep. He had been so persistently and tremendously drugged that I gave him several powders of *Nux Vomica*^{cc}. This I believe to have been a mistake. No medicine should be given except upon symptomatology. He was brought to my office again a week later. No perceptible change had occurred. I now got down to business and took the case with the greatest care.

Almost constant yanking and jerking of the head to the right.

Twitchings of the muscles of the face, the mouth and eyes opening and shutting with a sort of snap.

The muscles of the back and upper extremities so affected that respiration was greatly impeded.

The lower extremities thrashed about continually, and walking was nearly impossible. Drags the feet.

Articulation almost impossible; jerks the words out very suddenly and indistinctly.

Has become greatly emaciated.

Seems to be very much depressed in spirits, taking little or no interest in anything about him. Was formerly a very bright, lively fellow.

Mygalé, the big black Cuban spider, was clearly indicated. The only preparation I had or could get on the coast at that time was the 30x. This I gave every three hours.

Saw him again two weeks later. There was some degree of improvement. Contractions not so violent. He could walk and

talk better, and slept more quietly. Continued the remedy every six hours.

Reported again at the end of two weeks. Greatly improved in every particular. Has gained several pounds of flesh. Same medicine three times daily.

At the expiration of two months the choreic symptoms were completely cured, when there developed that mysteriously frequent accompaniment of Chorea—Rheumatism. *Rhus tox.* was the remedy indicated, and two doses in the C. M. potency completed the cure.

I am fully aware that Chorea is considered quite tractable usually. But the old school (as in the above case) frequently fail completely of its management. And I have seen professed homœopaths do no better.

My treatment of this case may provoke criticism. "Why did you give the remedy so often?" One reason is that my potency was so low that I felt it to be necessary. No doubt two or three doses of a much higher preparation would have done as well—probably better. At any rate, this cure was a beautiful vindication of Homœopathy; and to cure a neurotic so thoroughly drugged as this case was is no small matter. If for no other reason than because she has furnished us with this splendid remedy, my sympathies are entirely with Cuba in her present death struggle.

CASE II.—CALCAREA CARB.

Mrs. Chas. C.——, aged 38; mother of five children.

Consulted me in '93 for the following symptoms:

Sick headache every two weeks.

Pain begins in vertex and extends to eyes; also to occiput and nape of the neck. Drawing and tension in back of head and neck.

Comes on immediately after menses.

Must lie down during attack.

Photophobia.

Noise does not disturb particularly.

Usually <about 5 p. m., >at 10 p. m.

Bitter vomiting with sense of load in the stomach.

Menstruates every two weeks.

Flows very profusely four or five days.

Feet and legs cold to the knees; cannot get them warm.

Cramps in feet and legs.

Chills easily, feels better in warm room, hugs the stove.
 Appetite poor; what she eats must be cold and sour.
 Very pallid, emaciated, weak and languid.
 Bowels constipated, for which she has taken cathartics
 freely.

Her husband is an invalid, and she supports the family by working far beyond her strength at washing, etc.

"What a splendid case for tonics! The physician who wouldn't give this poor, exsanguinated, over-worked sufferer a tonic is a beastly idiot!"

Just so, my materialistic friend. For once I perfectly agree with you. "Them is my sentiments," as the old brother said in class-meeting immediately after a stirring exhortation by the leader. A tonic she shall have. A powder of *Calcareo carb.*^{cm} dry on the tongue, and a few powders of Sac. lac. is what she received. Is that the tonic you had in mind? If so, shake!

I met her six or seven weeks later. The tonic had worked to perfection! From the broken down, despairing, uninteresting wreck who came to my office so short a time before, she had developed into a splendid, healthy Juno, and I did not at first recognize her, so great had been the metamorphosis. Hurrah for the homœopathic tonic!

CASE III.—ONOSMODIUM.

C. K. E.—, aged 35.

Two months ago he was thrown backward from a cart, the back of the head striking the ground with such force that he lay two days insensible. He made a very slow recovery (?) under the old school treatment, and now complains of a settled gloom and despondency. From an exceedingly active and enterprising man, he had changed to a listless, gloomy, hopeless nonentity. He could not concentrate his thoughts upon any subject for more than a moment or two. He had started for my office several times, and only got there when brought to the door by his wife.

Further than the mental symptoms described I could elicit nothing. All the bodily functions seemed to be normal. There was nothing to do but to give that sovereign remedy for concussion—Arnica. This I gave in 200th potency with the greatest confidence, and cheerfully assured him of immediate relief.

Several days after he reappeared. There had been no im-

provement whatever, and I was greatly disappointed. I now went over his case with the greatest care, and could see nothing but Arnica. I was just on the point of administering him a powder of that remedy C. M., when he said: "Doctor, there is one thing that I have been sensitive about telling you, and perhaps you ought to know it. I have not felt the slightest sexual instinct since my injury." This put a new phase upon the case. Arnica has no such thing as total suspension of the sexual function in its pathogenesis; but, on the contrary, it causes a hyperactivity of the same. Onosmodium is the remedy that covers the case precisely, though I am not aware that it has been thought of for the results of brain concussion or other traumatism. Gave one dose of Onosmodium^{cm} dry on tongue and Sac. lac.

Several days later he came into the office with his old-time briskness, his face beaming like the moon at its full, and gave me a hand-squeeze that brought tears to my eyes. "Never better in my life, doctor," he fairly shouted.

O, the magical power of the infinitesimal dose! Who can understand it? Here was a soul redeemed from a living death by the wonderful action of this incomprehensibly immaterial dose! Let skeptics scoff if they will, but let us who see and believe, sing a daily doxology, and "Keep in de middle of de road." The spirit may move me to preach one of these days, and I think I shall take for my text, "The Infelicities and Pusillanimities of Negation."

But I must close this too lengthy paper. Before doing so I must offer one more point that should have some weight with the intelligent skeptic: Case III returned about four weeks later, nearly the same as when I first saw him. One more dose of Onosmodium^{cm} immediately, perfectly and permanently cured him.

If these reports, imperfect and hastily written though they be, should meet the eye of anyone who is weak in the faith, who shall be inspired thereby to step out into the light and liberty of pure Homœopathy from the blackness of materialism and unbelief, my object will have been fully realized.

Institutes of Medicine.

HIGH POTENCIES.*

A. G. DOWNER, M. D., PRINCETON, ILL.

In opening a discussion upon High Potencies I am well aware that I tread on old battle fields, between the two extremes of Tincture and Infinitesimal. The battle has been waged hard and long with varying results, not coming to a complete victory on either side; but at present I may safely say a truce has been declared, and each warrior, high or low, is content to work and allow the other to use his own judgment.

I, like many homœopathic physicians, feel that a great wrong was done them in their student days by the omission of any teaching in the use of the higher potencies; and I am glad that to-day Chicago has a Dunham College where such medication is taught in its purity. Who has not often wondered in his earlier years of practice, why the indicated remedy made the patient worse, but of course he could not see it that way, and made a change, shifting about, when the whole trouble was simply aggravation. I had had a hard jolt one day when a woman said: "Doctor, baby is better, but after the medicine was given he grew worse and I quit giving it and he is better," and further said, "I have heard that under homœopathic treatment people grew worse first and then better." Do you see? Aggravation! This set me to thinking, and I began to use the 30x in place of the third, when *I was real sure*. I began with *Silica*^{30x} and have gone on to 200x 1M. and C. M. of the same.

I feel that I am growing, no matter how some may smile. Smile on and give your tinctures and 3x; only I should like to meet you in friendly rivalry, and I will surely warrant a success far exceeding yours. In fact I hardly ever now use the remedies like *Sulphur*, *Calcarea carb.*, *Phosphoricum*, *Lycopodium* and *Graphites* any longer than 30 and in very chronic cases 200x and 1M.

Hahnemann grew to be a high potency man. How, no one knows; but his unpublished writings have revealed some start-

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ling truths not generally known to-day, he feeling that the votaries of his idea up to that date had enough to work upon, and the elaboration of his ideas would come on soon enough in later years. And men eminent in the profession have deduced, formulated and proven all that Hahnemann could have possibly foreseen in the coming years.

If there is any truth in the law of *Similia*, why should not Tincture up to 3x or even 6x be too much of a good thing? And if there is any truth in succussion and trituration, why not carry it up to 30x and 200x and get the full benefit of the dynamic action? All of this is thrashing of old straw, but necessary to illustrate my point, but for all that the great rank and file of our homœopathic physicians use the third (3x) as a stand by potency.

I wish to lead you into a field which is now opening to our own observation, and it has to do altogether with High Potencies. Hahnemann, in his *Organon*, speaking about drugs and diseases, says that the hardest diseases to cure are those which have been over-drugged and the natural course of the disease changed, and which may take one of two courses, one along the original disease, and the other following the drug symptom of the disease. But the great teacher did not point out the way to cure.

To Dr. E. W. Sawyer, of Chicago, do I give the credit for the most deep, lasting and beneficial discovery since Hahnemann, and which is under the law of *Similia*, and is a high potency to eradicate the drug effects from the system, and this has two phases: 1st, antidoting the drug effect in the system. 2d, also establishing a retrograde metamorphosis in the disease back to a position more normal. And why not, if this is so, by antidoting backward the drug effects; why not back to health or a normal equilibrium? If *Similia Similibus Curantur* is true, why not the antidotal relation the same?

Case 1st. A lady came to consult me and my first prescription did no good. I will not narrate symptoms. Carefully did I go over the case, and came to the conclusion she was suffering from *Quinine* poisoning which she had been filled up with, Allopathically of course. Here was a chance to apply the law, and I gave a dose *Quinine*^{1m} and *placebo*, she to return in a week. When she returned in a week she said that all the symptoms had rapidly disappeared.

Case 2d. A woman had taken *Quinine*, both by advice of physician and by her own wish; came to me slightly deaf and

troubled with all sorts of ill defined pains, shifting about, sallow skin, languid, discouraged. *Quinine Sulph.*^{1m} rapidly cleared up the case.

And so on could I narrate the beneficial good by antidoting *Quinine*. Also remember, at least fifty per cent. of all cases of deafness can be helped by the same antidotal treatment. Remember, I said *helped*, aided, not cured, for *Quinine* has ruined the delicate auditory mechanism beyond repair, by its intense, long-continued congestion. But the antidotal treatment will do a great deal of good even here.

A lady wrote me from Iowa a long tale of woe. And the burden of it was, the application of Iodine to her skin over the heart; and of course, applied with allopathic, heroic persistence. She came very near losing her life and after days of suffering and intense prostration applied, by letter, to me. I sent her Iodine^{1m} and placebo. She wrote me in twenty-one days, and said, "I am so much better. Why, and how, could you help me so quickly, when physicians right here could not?" This woman, mind you, received only one dose of Iodine^{1m}, and yet what a blessing to her. A few years ago I would have laughed at any one who would have told me what I, myself, am now telling you. But there is still Homœopathy beyond the light we now have.

In Medorrhinum what a remedy we have in combating sycotic gonorrhœal infection, even after suppression, and the effect on the constitution has manifested itself. Many smile at the idea of constitutional gonorrhœa. Well, smile on, and you never cure your case. You will patch it up. Stand it off, but never cure. And why should you, when you do not kill the snake by cutting off its head, but merely chop off a little of the tail?

An old sinner came to me with a tale of sycotic gonorrhœal infection from suppression, with a leg a mass of nasty, oozing flesh ulcerous sinuses. So bad was he that his allopathic advisors had counselled amputation. But by simply antidoting *Mercury*, *Iodide of Potash*, *Iodiform*, etc., etc., I began on *Medorrhinum*^{1m}, 50M., C. M., D. M., D. M. M., and today this man has a sound leg, and swears by the little pills. Can anyone of the commonly accepted homœopathic or allopathic treatment do this? Why not, if this law is true? It is right along the line of *Similia* and is surely an advanced step in the homœopathy of to-day. You hear lots of the X Ray in Surgery. But this antidotal law of medicines to the practice of medicine is of more

value than the discovery of 1000 X Rays. And why not, for do we not have a search-light of the greatest possible benefit, and which has the power to totally search out and eradicate any miasm of disease, natural or suppressed, and also by far the greatest agent to destroy drug disease, perversions and the drug symptoms themselves. Why not? Why not? Just try this; get in the right line and try.

A young man who had worked in a printing office a good many years had all the symptoms of lead poison. A dose of *Lead*^{cm} in two months worked a great change in his system. And here is a complete and perfect application of the law.

Here comes vaccination; and here again comes a fight. As to the real good or bad effect of this idea I will not here discuss, but only strike at the root of the matter. Why vaccination, as practiced, has protected when the virus has been pure, has been accepted, and it to a certain extent, follows the law of similars. But who has not observed the fearful, ravaging effect of vaccine virus as commonly practiced by physicians! And they have asked, why? We have all had experience enough that the effect of the virus has oftentimes been worse on the patient than the smallpox itself. Now it is plain to me, *understand* to me, (what I say no one has to accept) that the virus is too crude, and every patient has to prove the virus with all its pernicious effects. Why not use the correct potentized drug and be homœopathic? Have any of you thought of that?

I asked a celebrated state veterinarian if Tuberculosis in cattle was not increasing? He refused to affirm my statement, not denying it, however. And then, of course, virtually admitting it. Now, cow pox is grafted into a supposably (?) pure, healthy heifer, and after a period of incubation, the ninth day, the lymph vesicle is ripe, and the points are inserted into the lymph. Of course surgical or pyemic fever has been set up in this animal. But suppose the heifer is a Tuberculosis one. Then what? Why have we not along with the lymph on the vaccine point also Tubercular matter? For, can this fever go on in the animals' system and not stir up the Tuberculosis as well? I say, No! And every time we vaccinate, why are we not sowing seeds of Tuberculosis as well? I firmly believe this and I never will use vaccine virus again; but I have inoculated children with the 1m and CM of Variolinum and had all the symptoms necessary to

convince me that they are amply protected from small-pox without the usual, common, disgusting method.

The last points used by me were from the State Board of Health, as I supposed they would be pure, but in every case the bad effects of this crude poison was manifested. In one case, a young lady's arm ceased to grow, and for all the antidotal use of the potentized Vaccine, 1m or CM, it took nearly two years to arrest the poison. This was, of course, an extreme case; but in all these cases the antidotal treatment of the high potencies is the whole secret of the cure. As before said, why do we not engraft into the system tuberculosis, cancer, erysipelas, and no end of skin diseases? The remedy is actually worse than the disease. Besides each poison entering a human system, and with the already miasmatic poison, with which each individual is affected, causes an unending source of human weakness. We should, as physicians, try to rise above prejudice and commonly accepted dogmas, freeing ourselves from the slavery of old, ancient ideas and do good, not ill to our patients.

The idea of some homœopaths giving *Quinine* and *Iron* in crude doses, making me stand in amazement, when anyone who has had any experience at all knows they are false promises, palliatives, and have wrought untold ruin to the race.

Returning to Vaccination for one case: Miss S. came to me for her pimply face which was a result of vaccination. *Vaccinium*^{1m} followed by *Pyrogen*^{1m} and then *Psorinum*^{1m}, and later *Sulphur*, worked wonders. If you do not believe this, try it.

Bacillinum has a grand future before it in cases not too far gone. Of course in any disease, there is a time up to a certain point where the application of the right remedy at the right time will cause a retrograde action towards health. This remedy is, in my opinion, to be used in incipient cases, and in the days of childhood to eradicate the Tubercular tendency; and my potencies are 200x and 1m.

Prof. H. brought his young son to me, aged four years; and after careful examination I came to the conclusion he was suffering from the first stages of Tubercular Meningitis. *Bacillinum*^{200x}, a dose once a week was given, and in three weeks a large, dirty looking eruption came out of the base of the brain, and the child rapidly recovered.

William S., aged 20, cured of chronic cough and delicate tendency, by the use of *Bacillinum*^{200x} and 1m. I gave him once

the 30x and it made him deathly sick from aggravation; but of benefit. The 200x also made him sick; in a less degree, however. Then the 1m was given and even here a slight sickness. Is not this enough to convince anyone that there is power in High Potencies? I am no visionary crank, but have come to this point by virtually having it pounded into me; but trial is proof enough. So could I go on and narrate experiences to you of this nature. I know a few of you accept and use this high potency in your prescribing and the antidoting potency as well. Not to you do I write, but to the many who are unbelievers. Not from lack of faith, but lack of trial and good, *solid, healthy* experience. This idea is now new, but a great future awaits it, and the homœopathic physicians of twenty years hence will all have this perfected, where it is now developing; but to all I say, try it.

LIFE, HEALTH, DISEASE, DEATH, AND THEIR RELATION TO HOMŒOPATHY.*

J. R. HAYNES.

Let us assume a sort of a Yankee privilege, and refer to the last subject first, by asking what is meant by the word Homœopathy? When Hahnemann, after a long diligent study and experiments he discovered the law of cure, he selected the name that should convey the real meaning of the law, from two Greek words, 'Omoion similar and Pathos disease; which he converted into Homœopathikar and which has been anglesized into Homœopathy; meaning that the drug symptoms when proved upon the healthy must be similar to those caused by the disease to come within the meaning of the law. We will refer to this subject again further along.

What is Life? This subject has been an enigma to man ever since he became a living thinking being; and in all probability will remain the same as long as man shall remain upon the earth.

If we will accept the Bible as authority, and refer to the first chapter of Genesis we will see, "So God created man in His own Image, in the Image of God created He him; and male and female created He them." In the second chapter, "The Lord God created man from the dust of the ground, and breathed into his nostrils the breath of life, and man became a living soul." If we will accept this view, then life is nothing more nor less

*Read before the Indiana Institute of Homœopathy, May 27, 1896.

than the breath of the Creator, a part and parcel of the great God-head itself. But if we reject it, then we remain in a wilderness of darkness, beyond which we cannot go, and it must remain a mystery, utterly beyond our comprehension.

We cannot see life, it is utterly invisible to our sight and senses; we cannot feel it, we cannot weigh it, neither can we comprehend it; we think we know that we exist, have life, feeling and senses; but by what means, we cannot tell, or understand, all is blank. To illustrate, we will take two seeds, which are so near alike that we cannot distinguish the one from the other; we will plant them in the earth where they will receive the same moisture, heat and sunshine; they grow up side and side, the one turns out to be a mullen, the other a tobacco plant. Why this difference? Why do these seeds grow? We cannot tell, it is to us a mystery. We may say it is the heat, light and moisture; does this explain this life—this innate life-principle—this great difference between these two plants? We must say no. It is to us an invisible mystery. This vital or life principle we cannot comprehend or explain, even to ourselves. We must admit that the same life principle, vital energy, to us utterly invisible, controls all animate and inanimate nature; but by what means we cannot understand, (this dynamic life force).

What is Health? Health is the untrammelled vital principle, which animates the material body, exercises absolute sway, and maintains all its parts in perfect harmony; it possesses and controls the free action of the life force upon and within the body, it vivifies every portion into perfect free action; there is no aches or pains or contradictions, every part is free; there is no disturbing elements; all is in such perfect accord, that one portion is not cognizant of the existence of the others, so perfect is the vivifying influence of the life force over the whole organism when in perfect health.

What is disease? Disease is the vitiated immaterial vital principle which pervades the material organism; the vivifying force of health, it is primarily deranged by the dynamic influence of some morbid agent, which is inimical to life; a disturber of the harmonious actions of the life principle; the deranged nervous system, giving the organism its abnormal sensations and irregular actions; the morbidly affected vital life force, has become vitiated and from which it is unable to free itself, causing it to cry out for help, in the way of aches and pains, a something

which the life force is unable to hold in quiescence, and which the vital principle is unable to throw off without assistance and give relief. These aches, pains and disturbances, which we call symptoms, must be our sole guide for the remedy for the complete removal and cure of this morbidic affect.

What is death? Death, or what we call death, is the suppressed animation, the complete surrender of the vital force, which has been overcome by the vitiated morbidic influence, the material organism deprived of its vital principle, by what we call disease. The organism is incapable of sensation, action, or self-preservation; the vivifying life principle has departed, overcome by the disturbing vitiated morbidic influence. The heart has ceased its action, the windows are darkened, the soul has fled, never to return, the tenant has gone and left the house, to be resolved back into its natural elements, of which it was originally composed—earth, air and water.

Why is this? What could have been the cause? Why this great change? And what a change! Something has departed, but what or how we do not know. Is it not the effect of "sin?" The Se'er says, "the wages of sin is death," "the soul that sinneth it shall die." Is this true? Can any one suffer an ache or pain, disease or death, but from the effect of sin (except from old age when the organism is worn out, or from some accident, of which we are unaware)? What shall we understand by "sin?" Sin is the disobedience of the law, the natural laws of our being. We cannot suffer aches, pains, disease or death, but by the disobedience of the laws of our beings. Each one is a law unto themselves, and if they will not obey the law, then they must suffer; it will make no difference whether it is done through ignorance or willfulness, the law has been broken, the penalty must be paid. What may be a sin to one, may be no sin to another; therefore, if we wish to escape the penalty of disease and death, we must learn to obey the laws that controls our own beings, when disease and death will be banished from amongst us, and happiness be our lot.

Here you may ask what has Homœopathy to do with this matter? We will reply, everything; it is of the utmost import. It will assist the sinner to escape the penalty or effect of his sins, and which may teach him "to go and sin no more." Or how to avoid the quicksands upon which he has trod nearly all of his life.

When the All-Wise Creator placed man upon the earth, he also placed within his reach the means with which he could be relieved (atone) for the effect of his "sins," but left man to study them out and apply them, or suffer the consequences. What miserable wretches we would become if we could all live without work? Worse than the savages. Hence after a series of ages he raised up Samuel Hahnemann for the especial purpose, to study out and apply these means which had lain dormant ever since the beginning of time. To that especial task he devoted his whole life. After he discovered the law of cure, he devoted the rest of his life to the application of the law and the recording of the results, and for the especial benefit of man, and all that came after him who were willing to accept and follow in his foot steps. By his giant intellect, indefatigable laborious sacrifices, he has placed in our hands the results of his life's work, and which he has published to the world. He has also given us the *Organon* of the healing art, which he carried to the fifth edition, in which he has told us how we should investigate and apply the law for the cure of disease; and which is the most important work that was ever given to man since the beginning of time.

He discovered that disease was a dynamic influence, and not some horrible hobgoblin lurking around seeking some opportunity to seize upon its victim (and fly away with him); but a dynamic or spirit-like disturbance of the vital or life force, and for its removal then, if successful, the remedy must possess the same dynamic or spirit-like condition as that of the disease; that life, health, disease and death occupy one and the same plane, and the remedy must be dynamized or spirit-like (potentized) or it could not remove it, *i. e.* the two must correspond, and then if Homœopathic to the case it must cure; but if not the true 'Omoion it could not produce the cure.

Let us quote from § 16 of the *Organon*:

"By the operation of injurious influences, from without, upon the healthy organism, influences which disturb the harmonious action of the functions, the vital principle as a spiritual dynamis, cannot be otherwise assailed and affected than in a dynamic manner."

Neither can such morbid disturbances, or in other words, such diseases, be removed by the physician accept in like manner, by means of the spiritual (vital dynamis) countervailing agency of the suitable medicines acting upon the vital principle, and this

action is communicated by the sentient nerves everywhere distributed in the organism, so that the curative medicine possesses the faculty of restoring, and do actually restore health with concomitant functional harmony, by the dynamic influences acting upon the vital principle, after the morbid alterations in the health of the patient which are evident to the sensations (totality of the symptoms) have represented the disease to the attentive and observant physician as fully as may be requisite to affect a cure. The physician has only to remove the totality of the symptoms and he has cured the entire disease. In § 20 it reads:

"By the mere effect of the mind we could never discover the innate hidden faculty of medicines—this spiritual virtue by which they can modify the state of the human body and even cure disease—it is by experience only, and observation of the effects produced by their influence on the general state of the economy, that we can either discover or form to ourselves any clear conception of it."

This shows clearly that the remedy that enters the field of contest with disease, with the expectation of victory, must occupy the same plain (spirit-like potency) as that of the disease; and if Homœopathic ('Omoion) will most certainly cure, and the victory will be completely won, but if not Homœopathic then it could not cure. Can there be any doubt upon these points? If so, try them faithfully, and they will soon vanish. If we are searching for and expecting to find the internal hidden workings of disease, we shall be most certainly doomed to disappointment; for it is utterly invisible to our sight and comprehension. We can only see the outward manifestations of disease, but not disease itself. In § 11:

"In sickness this spirit-like, self-acting (automatic) vital force, omnipresent in the organism, is alone primarily deranged by the dynamic influence of some morbid agent, inimical to life. Only this abnormally morbid (vital force) can excite morbid sensations in the organism and determine the abnormal activity which we call disease. This force is invisible, and becomes perceptible only through its effects upon the organism, and has no other way of making known its morbid disturbance, *i. e.* by symptoms of disease in the invisible material organism, and can be indicated in no other manner."

§ 272. "In no instance is it requisite to employ more than one simple medicinal substance at a time in a case of sickness."

§ 275. "It is scarcely possible to conceive how a doubt can still exist on the question, whether it is more reasonable and conformable to nature to employ but one known medicine at a time in case of sickness or to prescribe a mixture of several drugs. In a note to § 274 it says:

"The judicious physician will confine himself to an internal application of the remedy which he has selected as Homœopathic as possible, and will leave the use of ptisans, little bags filled with medicinal herbs, fomentation, washes, frictions, with different species of ointments, injections, etc., to those who practice according to routine."

§ 289. "Every part of the body that is sensible to touch is equally susceptible of receiving impression of the medicines and conveying it to all the other parts."

If we will accept the above as a trueism (and I know every word of it to be true), then what are the relations of life, health, disease and death to Homœopathy? It is first to teach life to obey the law; "to cease to sin," so that he may enjoy health untrammelled by disease and death; but as sin is already in the world and it is less trouble and worry to keep on in sin, and like "Jack Riot who hardened his heart, and go on from bad to worse," so we shall always have disease and death amongst us. But by a strict adherence to the law of Homœopathy, and a faithful following of its precepts, we may rob disease and death of much of its suffering and terrors, and quickly restore the sinner to health, as well as to teach him to "go and sin no more," for "the wages of sin is death, and the soul that sinneth it shall die." Therefore "repent and be ye saved;" but if you will wallow in your sins they "will surely find you out" and "disease and death shall be your portion," and you can have no one to blame but yourselves. When the All-Wise Ruler of the Universe raised up Samuel Hahnemann to work out and promulgate the law of cure, and to publish his investigations for the benefit of all animated creation, he faithfully performed the mission intrusted to his care, and so far as he was able to go on with the work he has made it as perfect as finite man could possibly do it, but one life was far too short to complete such an Herculean undertaking, although fully devoted to the task. It was not cut out and put into his hands already in completion, he had to work hard for what he accomplished, and as far as he has given it to us as his successors, to carry forward to completion, and if we expect to

meet with his success, then we shall be compelled to work as hard and as diligent as Hahnemann has done heretofore for us; then we shall be enabled to apply the true Homœopathic remedy and restore health and rob disease and death of their terrors and victories.

Hahnemann has done nothing but what we may do if we will but put the same intelligence and energy and unselfish labor into our work as he has already done, and besides he has given to us his life work into our hands, and which he was compelled to work out before it became available even to him and if we succeed in the great work we must do as he has done.

The poet has said, "The sluggard will not plow by reason of the cold, therefore shall he beg in harvest and have nothing." We cannot remain drones in the great hive of the healing art; if we do then to say the least, we become triflers of human life. Hahnemann has said that the physician who attempts to cure disease and who does not thoroughly inform himself concerning the action of his remedies commits a crime.

TREATMENT OF DRUG DISEASES.

A. M'NEIL, M. D., SAN FRANCISCO, CAL.

In the *ADVOCATE* for July, 1896, page 413, I find the following paragraph:

"The treatment of drug diseases by the use of the highest possible potency of the drug producing them, was first publicly taught and advocated by Dr. E. W. Sawyer, of Chicago, who maintained that it was the only consistent Homœopathic treatment of these diseases."

When Dr. Sawyer proclaimed to the world that he had made a discovery that had escaped Hahnemann and all of his followers, I supposed that he was not aware that Bœnninghausen had many years before made the same discovery, so I wrote to him, giving the passage and the source in which it was contained. I received no reply. But as the above quotation shows the claim is still made by his friends I will therefore take the liberty of showing them their error, in Bœnninghausen *Die Aporismen des Hippokrates, Buch VI, Aphorism 42*. He says, in speaking of the evil effects arising from the abuse of iodine and its compounds:

"The worst of it is that the action of iodine is so extremely

violent and obstinate that consequently it is very difficult to find antidotes which can make restitution of the damages arising therefrom. We have in such cases, besides *Hepar* and *Arsenic*, seen the best results from the administration of the highest potency of the drug itself, in repeated doses, but the smallest doses dissolved in water. In taking the medicine out of the bottle containing the solution it is necessary to strongly succuss the vial several times in order to somewhat increase the dynamization, because experience has shown the long continued administration is not well borne."

This work was published in 1863. That Bœnninghausen's discovery was not overlooked may be seen by turning to H. N. Gurnsey's *Keynotes*, first published in 1871-2, and afterwards in book form. In the appendix of the *American Journal of Homœopathy, Materia Medica*, vol. VI, page 135, where in giving the antidotes of *Mercurius* he says: "And where there has been an overdosing, *all symptoms agreeing*, give *Mercurius* high." And on page 158 he says in giving the generalities of *Plumbum*, "paralysis of the limbs of those who work in lead."

When I came to California in 1884, I learned that the remedy most frequently administered by homœopathic physicians in the poisoning by poison oak was *Rhus* high; and a popular remedy to obtain immunity from the poisoning is to chew the leaves.

I wish to show that the so-called law is only applicable when given as Guernsey's *all symptoms agreeing* (the italics are his), or strictly speaking, when homœopathically indicated. In the transactions of the California Homœopathic Medical Society for 1890, is a report of a case of *Rhus* poisoning which I treated, in which I gave *Rhus*^{75m} and CM., *Graphites* and *Anacardium*, all without benefit. I then worked out the case *a la* Bœnninghausen and found that *Rhus* stood 8; *Calcarea* 11; *Phosphorus* 11, and *Sulphur* 12. After one dose of the 6000th improvement was rapid and permanent. Why did *Sulphur* cure after *Rhus* failed in a case of *Rhus* poisoning? Because with the former *all symptoms agreeing* and in the latter they did not agree.

TWO TYPICAL CASES.

S. R. VINCENT, M. D., PLEASANT HOME, OREGON.

In April, 1893, I prescribed for a lady, aged 56, whose spine had been injured by a fall from a carriage. Thirteen months of Homœopathic treatment had failed to enable her to take a full

breath, straighten the spine, or move, without excruciating pain. Pain was constant. No other symptoms, except at times pain in liver with a lessening of pain at seat of injury. History revealed a succession of itch, sulphur treatment, years of nasal catarrh with no particular treatment, a nearly fatal attack of "liver complaint" cured by Homœopathic treatment, followed by several years of very good health just prior to the above-mentioned accident. *Psorinum*^{50m}, two doses, three hours apart, were given; thirty-six hours after taking which, there was such a rapid exit of the whole trouble that, for several hours an inch of the spine itself seemed to the patient to be gone. Permanent good health ensued.

In January, 1895, I encountered a "spoiled case," a lady aged 33. There seemed to be no limit to symptoms, nor to remedies "indicated." Years of Allopathic Eclectic, Homœopathic, and patent medicines had combined with the *original* "miasms" and made a very "interesting case."

After five months of the best prescribing that I could do, I was no nearer the source of an apparently inexhaustible supply of symptoms than when I began treatment, yet during all this time the successively best "indicated" remedies acted promptly and well, but not permanently.

Conception occurred in June, and the case became "one-sided." There was only one symptom—nausea, *nausea*, NAUSEA. When the nausea was cured, the same old conditions began to succeed one another under the treatment as before. Although I was lost, yet the "stars" by which I had directed my course, all seemed in their proper places. No, there was one, just one, that appeared to wobble as I advanced. It was Sawyer; he seemed to be revolving around a different center. (Sawyer is not a satellite of Hahnemann, but a planet belonging to the same system as the "Master.")

I know about the "Antidotal Treatment," and believe in it, although my attempts to prove it had thus far been unsuccessful. Among the drugs that had been most frequently and recently taken, were *Quinine*, followed by *Carter's Little Liver Pills*, to remove the bad effects of the *Quinine*.

Time after time did I compare the record of this case with that of *China sulph.* in Hering's *Guiding Symptoms*, but I could trace no resemblance between them, and I thought "*the symptoms must correspond.*" In August I entirely disregarded symptomato-

logy, and gave a dose of *China sulph.*^{cm}. In less than an hour my patient was tossing on the bed with an intense fever, and a bursting headache. The suffering was so great that, after two weeks, with no perceptible change—believing that a model cure is without aggravation—I gave her *Carter's Little Liver Pills*, 30th cent.—my own make—three doses one hour apart each. Both fever and headache subsided rapidly, and general improvement began. Two weeks later, thinking improvement had ceased, I gave a dose of *Carter's Little Liver Pills* that I had “run up” to the 2m. Almost immediately the fever and headache returned with their former force. I gave another dose of the same without effect, but three doses of the 30th, as before, removed both fever and headache, and improvement went on again.

Other drugs that had been taken in the crude, were given in the potency with indifferent results. The “indicated” remedies now acted well and *permanently*.

Some of the best results followed the administration of her “own Psorinum”—blood from her gums, dried, tuturated to the 3d.c. and “run up” to the 2m. in water. *China sulph.* has no more effect upon this patient, but *Carter's Little Liver Pills*—probably because of the low potency used—has been occasionally helpful; and her baby—born March 7—could not be cured of a colic until it had received *Carter's Little Liver Pills* in the potency. Both mother and son are now well.

“It is an ugly thing to speak meanly of the enthusiastic high-dilutionist, as though he were the very incarnation of idiocy or the product of a wild enthusiasm which is liable to land him in the insane asylum. Why, bless you, dear reader, at no time or age of the world has there ever been so much ground for faith in the infinitesimal or in occult forces as there is at this very time, in the early part of the month of January, in the year of our Lord 1896. But it is equally contemptible to sneer at the man who avoids these same high-dilutions because he cannot see their many presumed excellencies, and to make him out a pretender and ignoramus because to him Homœopathy is not necessarily confined to, or even closely associated with, the infinitesimal dose. Truth in her fullness is most likely to make her home with the catholic spirit that sees both sides clearly, and is eager to receive light, let it come whence it may.”—(Dr. H. R. Arndt, in *Pacific Coast Journal of Homœopathy*).

THE RECOVERY OF A CASE OF PULMONARY
TUBERCULOSIS.

H. W. CHAMPLIN, M. D., TONAWANDA, PA.

About fifteen years ago the writer was hurrying home from a long country drive when he was suddenly passed by a carriage with two occupants. To be passed on the road was an unusual event, and we might add, usually unnecessary, as we drove a good horse and were generally in somewhat of a hurry ourselves. The audacity of the driver was considered charitable after a moment's study of the object beside him. It was evidently a human being covered, head and body, with blankets and was supported by the arm of the driver as it reeled and tottered on the seat. They stopped at a near-by residence where the object, supposably an invalid, although the blankets seemed unnecessary on account of the moderate weather, was assisted into the house. It was not strange that I did not know the people nor the circumstances, as this was in a neighborhood where the business was done chiefly by the physicians of a town other than my field of practice. Some months after this I was called to the house mentioned to see the woman who was so tenderly protected from the not very cold air. It was a case of consumption and the physicians who had been in attendance had given them the candid opinion—"no hope of recovery." The patient was confined to her bed and had the usual symptoms of fever, night sweats, a frightful cough and profuse muco-purulent expectoration. The writer prescribed and for several visits saw little or no change in the patient. In reviewing the case with the husband one day, the great sensitiveness of the patient to cold air and dry cold winds was brought out. This led to the prescription of *hepar sulph.*^{30x}. Marked improvement was soon noticed and fair health was established in a few weeks without change of remedy. I do not know that *hepar sulph.* had anything to do with the recovery of this case, but I think that it did. The object of this paper is to impress upon the student the value of this indication for *hepar*—*great sensitiveness to cold air*. The case also teaches the importance of selecting the indicated remedy and trusting to it.

Previous to the above mentioned illness the patient had borne, I think, two weakly children who had died in infancy. After my treatment of the case another child was born who, with the

mother, lived and enjoyed fair health so long as my knowledge of the family continued.

TREATMENT OF CHOLERA INFANTUM.

D. DUNCAN, A. M., M. D., CHICAGO.

I find it hard naming, or placing exactly where they belong, these cases of summer complaint in children in the nosological category.

When called to treat a case I generally call to mind all I know of successful remedies for vomiting, diarrhœa, indigestion, dentition, aphthæ, dysentery, cholera infantum, atrophy, hydrocephaloid, etc., and without waiting to decide which particular name to give it, I go for the *patient*. Suppose I do come to a case of indigestion, next day it may amount to vomiting and diarrhœa, next to cholera infantum, atrophy, hydrocephaloid before I get through. How much will the name I give it help me to select the remedy? The one *pathological condition* (which term some so like to swing) runs so imperceptibly into the other that you cannot tell where one leaves off and the next begins. Now we say, away with this hair-splitting about names; let's look at our patient.

You ask the mother what's the matter and the answer will be, "Don't know, guess its indigestion." Child has been vomiting for the last twenty-four hours, is sick all the time at the stomach; is pale and weak, especially after every vomiting spell—tongue coated or not. Diarrhœa, stools watery and often green, but the most constant trouble is the persistent nausea.

*Ipecac*³⁰ has cured many such cases in my hands, and *Aconite* cures in teething children when there is great restlessness, crying, biting fists, high fever, and green diarrhœa or mucus stools, small and frequent.

I might go on to give symptomatic indications for *Belladonna*, *Calcarea carb.*, *Chamomilla*, *Pulsatilla*, *Podophillum*, and several others, but could not do it any better than Bell, Guernsey, and others have done. You must individualize every case and carefully look to every baby's food if you would be successful in curing these cases.

People's Department.

A PHYSICIAN'S LIFE AMONG THE NEGROES.

(Letter No. 5.)

ELLIVNAD, VA.

Dear Doctor: Accustomed as I am to scenes of poverty, misery and suffering in all its forms, I nevertheless had my sympathies and my pity aroused today by a sad scene, which I fear has many counterparts in this favored clime we live in.

I was sitting in my office busily engaged in studying up a difficult case, the history of which reached me by this morning's mail, when a colored woman somewhat past the middle of life, and rather shabbily dressed, with a cotton rag—once white, but now of varied hues from its long use and frequent contact with various forms of diet—tied about her head, came in and asked me if I would go see her daughter, down on the canal. "I haint got no money, but I hear youse good to de pore." I assured her that I would go after office hours.

I went and found what passes for a house; a tumble-down shanty, sitting in a hollow close to the canal and surrounded by water that had been standing so long that the odor was very disagreeable. Wading through and around this foul cess-pool as best I could, I entered one of the two 12x14 rooms of this modern tenement, and which served as a home for this family, consisting of the mother and her two daughters.

The floor was of rough, uneven, dirty boards, and several large cracks and holes admitted a free passage to the noxious odors from beneath.

The furniture consisted of a bed, a broken-backed chair, a rickety table 3x3½ feet, literally and liberally covered with odds and ends of broken, dirty dishes; a water bucket with a gourd dipper, a dish-pan half filled with greasy water, a pan that evidently had been used the day before to stir up an ash-cake in and still remained unwashed, and other trifles "too numerous to mention," as the auctioneer announcements put it.

In one corner stood an old cupboard, or "safe," as it is called in this section, with one door entirely gone and the other badly

dilapidated, and the interior showing a condition similar to "Old Mother Hubbard's Cupboard" when she went to get her poor dog a bone. Between the bed and cupboard stood an old, rusty cook-stove that looked as if it had recently come from the junk-shop, or ought to go there; there was no fire within the stove, although I felt decidedly cool with an overcoat on.

In the corner of the room, behind the door, was a cot bed, large enough for one person. On the bed, covered with some ragged pieces of quilts that evidently had seen prolonged and varied use, lay a girl about seventeen years of age, dying with that dreadful scourge of the negro race—consumption. There was no other bed or cot or place for the mother and the other daughter, a girl of seven or eight, to sleep except in this bed with the dying one.

It seems that about three years ago the husband and father died of consumption, leaving the family a small log cabin and a patch of land, four or five acres, in the country, from which during his lifetime he had managed to eke out a scanty living. After his death the family found it impossible to make a support for themselves where they were, and they came to town with a desire to better their condition.

The mother found employment as cook, and the older girl obtained work in one of our tobacco factories. The younger girl was left at home during the day to take care of the house.

Late in the evening all met at home and spent the night together. Our patient, heretofore had been accustomed to an out-of-door life in the country, with plenty of healthful exercise, fresh air and sunshine. She found the change, by day, to the close confinement of the factory, kept at a high temperature by means of steam, and the breathing by night of the foul air surrounding her house, too great a draft upon her already tainted constitution. She contracted chills, which left her with a deep cough, night-sweats, etc., etc. The old, sad story. Had she remained in the country, the probabilities are she might have lived in comparative health for years. But the sudden and complete change developed the seeds of disease inherited from her father.

I could do nothing for the poor girl, as she will die inside of six weeks and her life troubles will be over. Who shall say that she will not be better off then than now? I gave her the hypophosphite of lime to make her remaining days as comfortable as

possible, and to help her pass away with as little suffering as possible.

In my experience with this class of cases I have found this remedy of incalculable benefit. I use the 3x trit., a five grain powder four times daily. Under its use the cough becomes less, the expectoration easier, the hectic fever and night-sweats diminish and the patient rests better at night; the diarrhœa is checked, or ceases to be troublesome, and the patient and his friends are bouyed up by the hope that he is better, and may recover. This apparently favorable condition does not last long, for the disease remains unchecked in its progress and terminates as usual—life surrenders to death.

The other day while on my way to visit a patient, I took a short cut through a small negro settlement. As I was passing I was hailed by the query, "Is you a doctor?" On answering in the affirmative I was asked to come in and see a sick boy. I found quite an interesting curiosity there—four generations living under one roof. The old darkey gave his name as "Mister White;" his grand-daughter called him "Uncle John." I enticed the old fellow out in the sunshine and got a snap-shot at him which I enclose, together with one of his grand-daughter and her family. The child by him is his great grand-child—the first and the fourth generations. By dint of much quizzing I managed to get some portions of his history. He was born in the fall of 1793, and, consequently, is in his one hundred and third year. He has been married twice, the last wife living with him fifty-four years, and dying three years ago at the age of 72, "a mere gal," as Uncle John expressed it. He was formerly the slave of Doctor White, long since dead. According to his own statement, he was a general house servant; could always be trusted. His master and mistress never spoke a cross word to him during their lifetime. When the war broke out he followed his young master to the army as cook and body servant, although then a very old man. He served in various capacities, at one time having charge of some negro men engaged in building fortifications; he was with the confederate army two years when, considering that he had served his time and getting anxious to see ole massa and missis, his wife and children, he took French leave of absence one night and went home. He was never molested, but allowed to remain. I asked him if he ever got shot during his two years as a soldier. "Bress you, honey, I

don keep clar from dem Yankee bullets; my ole body not gwine git full ob holes, no sah."

Hoping to get an account from him of a heart-rendering separation from wife and children by the auctioneer's hammer, I asked him if he or his wife were ever sold during slavery times. The old man drew himself proudly up and in an indignant tone replied, "No, sah! Massa White don' nebber sell his niggahs."

After the war was over and emancipation proclaimed, he refused to accept his freedom, and remained for years with ole massa and mistis, as foreman of the plantation. A petted and spoiled old servant, his life has been uneventful, and long years has he remained, but the fire of his youth has not been entirely quenched. He has a very fair set of teeth, and when I handed him his pictures today, he took them and without any glasses he looked at them and said, "Dat is ole John White shure enuff, and dar is de little gal at my knee."

I have talked with a great many negroes who were formerly slaves, and while I have occasionally found one who gave an account of cruelty and abuse, the majority of them have pleasant recollections of their slavery days. In those days they had plenty to eat, drink and wear. They were not required to work beyond their strength, and an attachment was formed between master and servant which lasted until death.

A good negro man slave was valued at from fifteen hundred to two thousand dollars. It was to the owner's interest that the servant should be well taken care of. In New England I have known of farmers who were cruel to their horses and cattle; these men would be cruel to anything belonging to them, man or beast. Such men existed in the south before the war, and are here yet. Public opinion frowned upon any cruelty practiced upon the slave, and the cruel man did not dare to vent his venom too much upon his slaves. Such people always have a high regard for public opinion, and the desire to appear well in other people's eyes controls many of their actions. They know themselves that they are mean, and have a contemptible opinion of themselves, and they are anxious for some one to have a good opinion of them. Then again, they feared personal violence if their acts of cruelty became known. The desire to appear well in the eyes of others, and this element of fear combined, prevented many an act of cruelty to the slaves. In my next I want to give you the history of "Aunt Anna" and some of her re-

miniscences of slavery times, provided I can catch her in a communicative mood. She had some of the bitter mixed with her life—but I will not anticipate.

I am tired and sleepy tonight, and will cut my letter short, especially as I am out of a theme. I will answer some of your questions shortly.

Yours truly,

ANACARDIUM.

REVIVAL OF GUAIACUM.

The London correspondent of the *Medical Record* says that in medical circles there has been a "rehabilitation of Guaiacum," and several eminent gentlemen are reported as speaking strongly in its favor at a meeting of the Medical and Chirurgical Society, although it has fallen almost into disuse with the rank and file of the profession. It is not at all surprising to see one of the *Chronic Disease* remedies coming to the front, for there were never any remedies that received the same amount of study from a ripe mind as was bestowed on these by Hahnemann. In the preface to *Guaiacum*, or as it is spelled in that book *Guajacum*, he says: "The homœopathic physician will not allow himself to be led astray by the indefinite and delusive recommendation of the old *Materia Medica* to use *Guajacum* for gout and rheumatism. He will not look to fictitious names of diseases, but he will look to the similarity of the symptoms existing on the one side in the disease to be healed, and on the other in the symptoms excited by the remedy. In diseases for which it is homœopathically appropriate it has shown itself serviceable especially where the following ailments were present: Attacks of cephalalgia; swelling of the eyes; painful straining in the ears; sensation of mucus in the throat, causing nausea; repugnance to milk; constipation; stitches in the chest; arthritic lancination in the limbs, especially contractions produced by tearing, lancinating pains in the limbs, where the pains are produced by the slightest motion and are combined with heat in the painful parts, especially after previous misuse of *Mercury*; pulmonary consumption with fetid pus, etc."

Ophthalmology, Otology and Laryngology.

CONFIRMED CURATIVE SYMPTOMS OF HECKLA LAVA.

DR. FRED'K WILLIAM PAYNE, BOSTON.

Mrs. K., aged 76, feeble for years. I removed a senile cataract from her right eye three years ago, and a nature cataract now exists in her left eye. She has, for a number of years, been light-headed, with spells of blindness accompanying, often induced by stooping, also sometimes from turning the head. The spells of blindness come quickly, and pass as suddenly, leaving the vision as clear as before. Has had much hard, persistent aching between scapulae, amel. by pressing the parts against the back of the chair. She would sleep the first of the night, but wakened about 2 a. m., and was unable to sleep again for the night, owing to an aching, tired feeling all over the body. She had a bronchial cough, with much loud rattling in the chest when coughing; the expectoration was profuse, though the mucus was detached with difficulty; she was very hoarse, especially mornings, and had, as an accompaniment, much burning and roughness in the throat. On examining her throat, I noticed several small warts on her eyelids and brows.

The fact of the presence of the warts called my attention to *Causticum* as the probable remedy, and a review of its proving, pointed conclusively to it as the *Simillimum*. A speedy cure of the dizziness, blindness, backache, wakefulness and bronchitis followed its use, and, until lately she has been very well. Recently she developed the symptoms that called attention to Heckla lava, and with it was dissipated the chain of symptoms that follows, viz.: *Vertigo, with blackness before the eyes, everything goes up and down sideways*, though luminous surfaces, such as the more light windows show it more markedly.

Dizziness much worse on lying down, so that she must sit erect, and on turning in bed to the left side.

A feeling as if the brain was turning over, with dizziness and blackness before the eyes, aggravated on lying down, and on stooping, so that she must sit erect, and quietly.

The only remedy, so far as I know, that has *dizziness, as if objects moved up and down sideways*, is Heckla lava, but, as the associate symptoms in this case of *blackness before the eyes; feeling as if the brain was turning over; aggravation by stooping; aggravation on lying down, and aggravation on turning over in bed to the left side*, does not appear in the proving of Heckla lava, and, as these concomitant symptoms were equally as promptly dissipated as the *one* directing symptom, I believe one can, with positiveness, incorporate *all* of the above named symptoms under the proving of Heckla lava, in Hering's *Guiding Symptoms*, as being equally genuine as curative indications.

Causticum was prescribed first, during this last attack, owing to its promptness in dissipating the former symptoms, but no relief followed its use; it was allowed to act for two weeks, before attempting another prescription. The relief from Heckla lava was not only prompt, but decisive, and the symptoms have never returned. Heckla lava was given in the 33d cent. potency, from a graft given to me by the late Prof. Adolph Lippe, in 1867.

THE MUCOUS MEMBRANE OF THE RECTUM.

In an article criticising Whitehead's operation for piles, Dr. Edmund Andrews says: "A description of the peculiar mechanism and important functions of the mucous membrane and sub-mucous tissue of the rectum will show that we are not dealing with a simple, smooth, mechanical tube, but a highly specialized organ, which cannot be dissected out and destroyed without doing great and irreparable mischief to the patient. The mucous membrane of the lower inch of the rectum has a peculiar mechanism, constituting it a tactile organ, which is the seat of a very acute special sense, by which a healthy person is warned of the presence and downward progress of the fæcal mass. Its nerves also possess remarkable reflex powers over the sphincter muscles, so that they resist the sudden and unexpected escape of fæces and flatus, without the necessity of a constant mental attention and exertion of the will."—*Mathew's Medical Quarterly*, October, 1895.

Society Reports.

SYRACUSE, N. Y., Sept. 19, 1895.

The Central New York Homœopathic Medical Society was called to order, at 11:30 a. m., by the President, Isaiah Dever, M. D., of Clinton, N. Y.

Members present—Drs. Carr, Seward, Johnson, Bresee, Dever, Schumacher, Martin, Gwynn, Brewster, Leggett.

The minutes of the June meeting were read and accepted.

The report of the Board of Censors was favorable to the election of Dr. C. L. Olds, Philadelphia, Pa. Dr. Olds was duly elected.

Motion was made and carried, to change the order of proceedings; that the morning might be devoted to a portion of the annual business, and the afternoon to the *Organon* and Medical subjects. The *Organon* was given the first place in the afternoon session.

The report of the Secretary and Treasurer was next considered and accepted.

The report of the standing committees was *nil*.

Adjourned to afternoon session.

Meeting called to order at 1:45 p. m., by the President, Dr. Dever.

Dr. Carr withdrew his motion, giving the *Organon* the first place in the proceedings of the afternoon session.

Dr. Johnson moved that the communication from the President be heard first; motion seconded and carried. Dr. Gwynn in the chair.

ADDRESS.

My Dear Colleagues:—A time-honored custom established by the founders of the Central New York Homœopathic Medical Society, has imposed upon me the duty of saying a few words in reference to the condition of this society.

We, as a society, have been highly favored during the year just past, as we have not lost an active member by death; neither have any resigned, and I am not informed of the fact if any have moved outside the jurisdiction of the society.

We have a harmonious society; hence, have had no charges brought against any one for unprofessional or ungentlemanly conduct.

While we may have our individual differences of opinion, we are nevertheless united upon the law of cure, and the principles of practice, as enunciated by Samuel Hahnemann, and taught in his *Organon of the Healing Art*.

Our members have responded nobly in the way of original papers and clinical reports, which have been the subject of interesting and profitable discussion. Many of the more important sections of the *Organon* have been read and discussed, to the advantage of all who would draw deeply from the only fountain in which a correct knowledge of the healing art can be obtained.

I have been greatly benefited, and can truly say that I have never attended a meeting of the Central New York Homœopathic Medical Society, that I did not return to my practice with renewed mental strength, and the feeling that I had more deeply imbibed a spirit of the profession, which would enable me to say with more confidence to the vender of allopathic drugs, "Get thee behind me Satan."

I am sorry to say that our meetings, though fairly well attended, have not been so largely patronized as our large membership would warrant, and that our secretary has too often been obliged to record the absence of those whom we had a right to expect would be with us.

My dear brothers in Homœopathics, we cannot be too constant in our attendance on these meetings; as our success, individually and collectively, depends upon our vigilance, which, especially the Hahnemannian, is the price of liberty.

Right here, it might be well and proper to call your attention to an important section of the By-Laws. Section XI of the By-Laws makes it the duty of each member of this society to read a paper, or to prepare and read a clinical report, at least once a year. This is a wise provision, as the life of the society depends upon the activity of its members, without which active, energetic effort, our meetings must soon become a thing of the past.

In looking over honored names, I am forcibly impressed with the fact that the founders of the Central New York Homœopathic Medical Society have well nigh passed over to the majority.

While they are no longer with us to speak words of encourage-

ment, the example of their lives and practice speaks more potently than with tongues, as it reminds us of the work they would have us do.

It is with no small degree of pride that we point to the names which will appear in the record of this year's transactions; they too are honored names of master workmen; of those who have not failed to leave their designs on the Trestle-board of their chosen profession, to be read by future generations of Homœopathicians.

At this time and place, it is but just that I call your attention to the laborious duties of our faithful Secretary, whose intelligent co-operation has added, in no small degree, to the interest of our deliberations.

Now, my dear Colleagues in Homœopathy, allow me to thank you for the honor which you have conferred upon me, and again to swear eternal allegiance to the truth as I understand it to be taught by Samuel Hahnemann, in his *Organon of the Healing Art*.

I. DEVER.

The paper was accepted by the society with hearty applause.

The *Organon* was then read and expounded by Dr. W. W. Johnson, in the following manner:

ORGANON, 185-203.

But few subjects in the whole realm of medicine are of more importance to the Homœopath, than that treated in Sections 185-203. Our practice is so constantly filled with cases that show the results of suppression of so-called local affections, that it would seem as if there could be no controversy on this subject. Yet many physicians, calling themselves Homœopaths, do not believe in the sweeping deductions made by Hahnemann, and pay little attention to his careful instruction on this point.

The position of the Allopathic School is briefly told. It is in Egyptian darkness.

I do not mean to assert that there are no allopaths who understand the dangers of suppressing local manifestation; for I believe that there are a few—a very few who do. Yet the number of these is so small that it cannot remove from the school the stigma of being densely ignorant on a subject of vast importance to the human race.

And is it not strange that the dominant school has never learned anything from a fact that has confronted it day after

day, and of which the world at large has long been cognizant? For, it is a common thing to hear the ignorant tell of the evil effects of "driving in" some eruption, or "drying up" some secretion. At the present time allopathists may, perhaps, be forgiven for being unable to see a sizable fact, for an oil immersion lens is of no particular value in viewing a barn door or a landscape; but no excuse can be made for the years that passed before they began to hunt bugs with the microscope.

The moral effect of an expensive instrument and an elaborate bacteriological outfit is far greater, in some communities, than the simple truth and the application of a divine law of cure.

The determination of the amount of danger in the suppression of apparently simple cases, is the stumbling block for many young physicians. We early learn the danger of suppressing a gonorrhœal discharge, an eczema, a foot-sweat, an eruption of any kind; but there are many cases, seemingly simple, that are really the benign expression of a profound dynamic influence.

A few years since I had occasion to remove two seed warts from the hand of a healthy child. Not dreaming of any bad results, I touched them twice with *Acetic acid*. In a few days the warts completely disappeared, but the child was no longer healthy, and never since has been so plump and hearty as he was before I removed the warts. So subtle are the manifestations of these disturbing influences, that it is dangerous to pass over any of them as harmless and of no consequence.

It would be almost a waste of time for me to describe cases illustrating the evils of suppressing local symptoms; for that is a subject very familiar to you all. Many of you, no doubt, have felt with me the chagrin of having a "skin case," over which you have labored hard and long, go to a neighboring Allopath and get "cured" in a few days. Oh, the humiliation of it, when we hear with what gusto our rival places a bit of the diseased skin under the microscope and gives an occult demonstration of the parasitical nature of the disease and of our ignorance!

Contrast that humiliation, if you can, with the joy, the glee, the ecstasy, with which we sat down to take the case of the prodigal returning with the headache, the cough, the rheumatism, or the thousand and one things that may come as a result of suppression! Oh, the sweet morsel of satisfaction, the ecstatic bliss, of being able to say, "I told you so!"

In closing this brief paper, I wish to call your attention to an

apparent discrepancy. Section 196 and part of 197 says: "It might seem as if the cure of a local disease could be accelerated, not only by internal administration, but also by external application of the correct homœopathic remedy adapted to the totality of the symptoms; since the effect of a medicine, applied locally to the disease itself, might possibly produce a more rapid improvement."

Section 197: "But this kind of treatment is entirely objectionable, not only in local affections dependent on psora, but also in local symptoms arising from syphilis and from sycosis; because the local application of a medicine, simultaneously with its internal use, results in great disadvantage," such as premature disappearance of local symptoms. Yet, in some of his lesser writings, Hahnemann gives his method of treating sycotic growths by the internal administration of *Thuja*, with topical application of tincture of same. Will some one please explain the apparent discrepancy?

W. W. JOHNSON, M. D., Pittsford, N. Y.

Dr. Dever thought that the external application of the indicated remedy belonged to the early experience of most homœopaths; that the lesser writings, since they were refuted by the *Organon*, belonged to Hahnemann's early period and first experiments. Dr. Dever remembered this practice well in his own experience. He heartily commended Dr. Johnson's paper and presented it for discussion.

The paper was accepted.

Dr. Seward opened the discussion. He had seen many diseases that were the result of local application to local manifestation. He had seen application made upon small ulcers and sores, followed by death. He had often found that the indicated remedy restored the external local manifestation, and finally cured the patient. In the cure of a young girl, a teacher, who was troubled by a cough during every cold, the prescription was followed by an eruption of small red pimples all over the body, lasting ten months. In two months the girl gained ten pounds, and became perfectly well.

Dr. Johnson called attention to the case mentioned in the paper, concerning symptoms following the treatment of warts by local application. The child had always been healthy, and apparently robust. The child was his own. The symptoms of a

brown diarrhœa, acrid, offensive, lasting a long time, followed within a week the treatment by *Acetic acid*. The diarrhœa was attended by loss of flesh and appetite, and by final loss of color. The child had never seen a healthy day since. There was no history, in the family of either parent, of any existing miasm, except psora.

Dr. Martin suggested *Thuja*.

Dr. Johnson had used *Thuja* effectively in the removal of warts. In one instance, the hands were profusely covered with warts, hard and dry. Obtaining no results from *Acetic acid*, nor from *Thuja*³⁰, he used *Thuja*²⁰⁰, which removed the entire colony.

Dr. Martin had prescribed in families afflicted with a profusion of warts, having long pedunculated bases. The warts were removed at once with one dose of *Thuja*^{cm}.

Dr. Gwynn recalled the question of the President: "Shall we suppress a cough?" He mentioned an efficacious prescription for an intractable cough, told its high homœopathic (?) source, and questioned if it should be withheld. He spoke of cases of Goitre, effectually cured by the internal and external application of *Iodine*. For authority, he quoted T. F. Allen. He questioned a diagnosis of *post hoc, ergo, propter hoc*, when sickness followed a certain treatment. He was also inclined to attribute cure to the often spontaneous reaction of the vital force.

Dr. Carr assured him that *all* recognized the fact that disease was removed by the reaction of the vital force; that the reaction was often spontaneous; and that the *removal* of symptoms was not necessarily a *suppression*; but, that homœopaths also recognized the fact that the physical organism changed from day to day, and from week to week, and that all abnormal manifestations—cough, discharges, skin symptoms, etc.—were but the outward and visible sign of the disturbance of the inner and vital force. If, by dietetic and hygienic care, those disturbances were overcome, why then, it was no less a reaction of the vital force that cured. If a homœopathist be called upon to prescribe for a diarrhœa, or a dysentery, and if he give the indicated remedy, it removes the disturbing force, and the reaction of the vital force completes the cure. Yet, should the physician whose skill discovered the needed power, not be entitled to claim a cure? Was the discharge the sickness? Was the alimentary canal the real point of irritation? Dr. Carr then gave illustrations, and said that this is what Hahnemann meant, and all he

meant, viz.: that an abnormal local manifestation is but a sign of the disturbance of that deep, inner force, called the vital.

Dr. Johnson showed that the man mentioned had taught one thing and practiced another. He knew that Dr. Allen used higher potencies than he admitted, and that at present he did not use external applications. He was once a good homœopath.

Dr. Dever—"The devil was once an angel."

Dr. Martin had had a patient from T. F. Allen, who had suffered much from gastralgia, and had a remarkable craving for sugar. *Magnesia muriatica* cured. He had been fed *Lycopodium*^{3x}.

Dr. Brewster had cured many cases of goitre with *Spongia*. The cases were characterized by great enlargement, at times filling the whole space between the chin and the chest. There was great pressure upon the larynx, difficult, hoarse breathing, croupy cough, rasping respiration. He asked the doctor if those cases could have been cured with *Iodine*.

Dr. Leggett related a case in point as to the suppression of local symptoms in chronic diseases.

Dec. 5, '94. S. McK.——, aged 70, applied for treatment of an eczema that had appeared upon the thumbs. She was a sturdy, healthy Scotch woman, for many years a faithful servant to friends. She was then at the Home for Old Ladies in S.

There was no history of illness in her life, up to the previous winter. At that time she had been, for several weeks, at the House of the Good Shepherd, for treatment of an eczema upon the lower extremities. She had recovered (?) from that entirely, although, I think, she told me that she still bandaged the legs. She had had local applications.

There was no distress, aside from the local symptoms of burning, itching and cracking confined to the dorsal surface of the thumb. There was slight sluggishness of the bowels.

A prescription of *Psorinum*^{63m} (F.) improved the condition until Feb. 1, 1895, when it showed signs of <. The dose was repeated. She was cautioned against local application, because of the progression of the eczema from the lower to the upper extremities, in its second attack.

March 8, she had used a salve and prescription from Dr. S., as the eczema was spreading and was exceedingly annoying. She had also taken salts.

Eruption covered a large area, was moist, itched and burned.

Earnest questioning only elicited information of increased constipation, perspiration of feet, slight cough with tickling, at 5 a. m. Thinking that the prescription of the same potency on Feb. 1 was an error, I gave *Psorinum*^{cm} (F.).

March 19. The cough and constipation were better. Hands<. Patient complained that they were worse after washing, especially in cold water, and that now they bled. *Sulphur* high.

March 27. This prescription so< the condition, and caused so much moisture, that patient had to change the linens several times a day. I therefore gave the antidote to *Sulphur*—*Pulsatilla*^{cm} (F.)—and proceeded to re-study the case. The eczema had spread up the wrists, always on the dorsal surface. Study—Eruption—back of hands.

“ *Berb.*, *Kreos.*, *Kali-chl.*, *Mur-ac.*

“ Humid, moist, especially back of hands. *Kreos.*

“ < itching toward evening, in bed. *Kreos.*

“ Watery, sero-purulent, back of hand, itching toward evening. *Kreos.*

Disposition—sad, irritable } *Kreos.*
Old women—disease of }

April 23, 1895. Steady improvement for some weeks, but patient dissatisfied. Doctors were “all alike.” “None of them” could do so “simple a thing” as to cure “salt rheum.” What was the good of being a doctor? I warned and encouraged her, but left home June 12. A short time before my return, she visited the friends mentioned, and flourished her hands about in the proudest manner. They were perfectly healed. When asked how that had happened, she said that “that was her secret,” and marched proudly home.

On my return to the city, July 8, I learned that I had been sent for from the “Home;” that “Sophie” was very sick from a sudden attack of angina pectoris; and that the physician who had been called feared she could not live. She did, however, get better for a few days, and was finally well enough to go down to several meals. Her diet not being carefully watched, she ate fruit, which was at that time plentiful. She soon came down with what was called a “bilious attack;” vomiting, hæmata-mesis, heart failure, and death. In all, she could not have lived two weeks after the second metastasis. The attendant physician, having kept no record, could give no more particulars of the case than are here stated. I learned through one of the mem-

bers of the charitable board, that the patient had used *Carbolic acid*. If the result of the applications was not metastasis from below upward, from without inward, what was it? Here was a sound, apparently healthy Scotch woman, dead within two weeks from the time her hand was healed by outward application. What had happened?

After short discussion and further illustration of sickness caused by suppression, Dr. Seward presented the following study of *Hamamelis*.

HAMAMELIS.

To the Doctor: Thinking that there is too little known of that excellent medicine, *Hamamelis*, and too little attention given to it, I have ventured to bring it before you for consideration. I do not recall any reported cases of its use in this society. *Pond's Extract* is used freely among the people, and we often hear of its cures. It may often be used by physicians, especially in varicose veins and varicose ulcers. I have often used it in those cases; also in phlebitis and melæna. A case of typhoid fever with black, bloody stools, was quickly cured by repeated doses of *Hamamelis*^{6x} in solution. I cured with *Hamamelis*, administered internally and externally, a case of inflammation of veins of leg and abdomen, in which the swollen veins were like whipcords. The low potencies have been more used than the high. The repertories contain but few recorded symptoms of *Hamamelis*.

Hamamelis Virginica, or *Witch Hazel*, is a shrub, indigenous to this country, and is sometime called spotted alder, or snapping hazel nut. It has several crooked, branching trunks from the same root, which trunks are from two to six inches in diameter, and ten to twelve feet high. It has a smooth, gray, spotted bark. It grows in damp woods or along streams, in all parts of the United States. It flowers in the fall, and the seeds ripen the following year. The medicine is prepared from the twigs and leaves, and has a pleasant aromatic odor. Water extracts the virtues of the plant.

Pond's Extract is made by distillation. It is used by all schools. Allopathic authors (hardly consider it) worth mention. The Eclectics have made the most of it, especially for inflammation of the veins, venous congestion, venous hemorrhages from all mucous membranes, hemorrhoids, hæmatemesis, excessive

mucous discharges simulating hemorrhage in its drain upon the system, etc.

Dr. Hering did much toward introducing *Hamamelis* to the Homœopathic profession.

Dr. Preston writes: "I have given *Hamamelis* successfully in a number of cases of epistaxis, some of which were of the most alarming character. The cure has been prompt and effectual. One case of uterine hemorrhage caused by a fall, was promptly relieved by *Hamamelis*; but the particular sphere of this medicine is in *passive* hemorrhages, venous congestion, phlegmasia alba dolens, inflammation of the veins, varicose veins, and varicose ulcers. Its use will, undoubtedly, be successful in nearly all cases where the venous blood is dark and thick, *malæna*."

Dr. Belcher, in the *North American Journal*, writes: "That hemorrhage with anæmia or from asthenic causes is, of itself, an indication for the use of *Hamamelis*."

A number of cases of hemorrhage, from almost every organ of the body, can be found in a *Homœopathic Practice*, by Edwin M. Hale.

The mind is severely affected by *Hamamelis*, the patient is depressed, gloomy, sad, cross, impatient or angry. He is easily irritated, likes to sit and think, and is forgetful of words when talking, and of what he has read.

The head suffers from fulness and crowding of blood into the brain; a passive congestion. There is a painful fulness in the *top* of the head, with a desire to *hear* sublime and lofty conversation, and with aversion to talk. Headaches and fainting spells of blooming persons.

The epistaxis is accompanied by a feeling of tightness across the bridge of the nose, and a pressure in the forehead, between the eyes,—a beumping sensation.

Dr. Bree, a German, says of *Hamamelis*: "All provings of this drug show its remarkable influence on the vascular system, especially in hemorrhage from every organ. It is often indicated in metrorrhagia, after abortus, post partum, or from tumors; but *acute arterial flooding needs other remedies*. *Hamamelis* acts equally well in dysmenorrhœa and amenorrhœa, in too long and too copious menstruation, when the flow and pains diminish. It is nearly indispensable in the climaxis. It is not only indicated in hemorrhages, but in congestion to any organ."

Varices diminish in size, and, with it, the pains diminish; the

margins of ulcers look better, and, with cleanliness, no other treatment is needed. Its action in blind or bleeding hemorrhoids is well known; the abnormal plethora ceases and, with it, the hemorrhoids disappear.

Most patients having heart affection, complain of excessive thirst, by day and by night, and drink large quantities of water. *Hamamelis* has the power to moderate or to stop the thirst, and to produce refreshing sleep. *Hamamelis* will produce sleep when nervousness is the cause.

Hamamelis is highly praised in orchitis, but it will only benefit such cases as are complicated with *varices*, *hemorrhoids*, *tortuous temporal arteries*, and other tortuous aspects of divers parts of the body.

It cures the urinary difficulties of senility, that originate in either congenital or acquired anomalies of the vascular system. It increases the activity in sluggish circulation.

"It is the best known application for slight burns."—Lippe.

Hering says that "*Hamamelis* is useful in the sore throats of such as are predisposed to fulness in the veins, with <in warm, moist air. We find the veins of the throat enlarged; an <upon the right side; and the right tonsil more red and swollen than the left."

Kent, in his lecture upon *Secale*, describes the uterine hemorrhage of *Hamamelis* as follows: "A continuous oozing of dark blood, without symptoms, without burning, without restlessness, without exhaustion, without those terrible shrivelling symptoms, without <from heat, and from cold—just simply an oozing; *Hamamelis* has also a flow of bright blood."

Case 1. Mrs. C. —, aged 28, some two hours after labor, was taken with hemorrhage. The flow was gradual, of dark blood, with no pain, and no symptoms. One dose of *Hamamelis*²⁰⁰ was followed by relief within a few minutes, and within half an hour all was normal.

Case 2. A girl, aged 20, had attacks of sleepiness, sleeping every morning until eight or nine o'clock. Menstruation began at sixteen. At that period she would sleep two or three days, would swallow only drinks, was nervous, sluggish and weak. She also continued to sleep in the morning. *Hamamelis*^{6x} cured her of the sleepiness and made her entirely well.

STEPHEN SEWARD.

The paper was accepted with applause.

Dr. Carr spoke of the use of *Hamamelis* in burns. He considered it useful during the first half hour only.

Dr. Dever learned its great use while in Cincinnati. He had always found it useful in passive hemorrhages. He had treated one case of varicose ulcer, during his practice of Eclecticism.

Dr. Carr recalled a number of instances, in which the use of the remedy in *high* potency had been most effective. He had had great success by its use in varicose veins.

After a short discussion, the business of the annual election of officers was presented.

Dr. Carr nominated for President, Dr. Wm. H. Gwynn, of Throopsville, the faithful Vice-President of the past year.

Dr. Gwynn, for good and potent reasons, declined the honor, thanking the Society for its most generous proposal.

Dr. Carr then nominated Dr. E. B. Nash, of Cortland, N. Y., for President for the coming year. There being no further nominations, it was moved, seconded and carried, that the Secretary cast the ballot for the nominee. It was so cast, and Dr. E. B. Nash was declared President.

Dr. Carr then nominated Dr. A. J. Brewster for Vice-President. Through the same formula, Dr. Brewster was declared Vice-President.

Dr. S. L. Guild-Leggett was re-elected Secretary and Treasurer.

Dr. Brewster having become Vice-President, it was necessary to elect one new member for the Board of Censors. Dr. Martin was nominated. The Board of Censors elected for the coming year were: Dr. T. Dwight-Stow, Chairman; Drs. Wm. Folet and Leslie Martin.

Dr. A. J. Brewster was called to the chair, and expressed himself grateful for the honor conferred on him by the Society. He would rather become President of the Central New York Homoeopathic Medical Society, than that of any other known body, because of its principles and its repeated demonstrations of their truth. He hoped to continue worthy of the honor bestowed.

The essayists appointed for the December meeting were:

Medical subjects—Drs. A. B. Carr and Wm. H. Gwynn.

Organon—204-205—Dr. Geo. C. Hermance.

Adjourned to the Rochester Club, Rochester, N. Y., Dec. 19, 1885.

S. L. GUILD-LEGGETT, Sec'y.

TREATMENT OF DRUG MIASMS.*

REPORTED BY MRS. E. S. BOYD.

Dr. E. W. Sawyer:—I am sorry I could not have made some little preparation for this meeting, but it has been impossible. I will give you a little history of how I came to know anything about drug diseases and something of my experience in their treatment.

From 1862 to 1871 I was practicing dentistry, and a part of that time medicine. I found out before practicing dentistry very long, that amalgam fillings caused serious disturbances of the life forces; also that red vulcanite caused worse. In my practice I met scores of mouths where this plate was worn that were a cankerous mass. I found hundreds of them who had sores in the mouth of various kinds. I found cases of catarrh of the stomach and bowels that no treatment could do anything for in the way of cure. I found that these cases were easily relieved by removing the red vulcanite plate; and meeting these cases in my practice, of course I hunted for some cure and that is what first started me into a study of these diseases. When I read the *Organon* and what Hahnemann said about drug diseases, of course it made me think still more about it.

When I quit the practice of dentistry and went into the practice of homœopathy, I found that by the practice of taking the totality of the symptoms and hunting for the similar, or the remedy that seemed to have the most symptoms in common, I was suppressing one group of symptoms after another and frequently when it seemed that almost everything had been removed I would be astonished to have old symptoms come back but not enough to give a clear picture of anything whatever, and my patient still uncured.

I did not pay so much attention to these drug diseases in the start, but it gradually dawned upon me what the proper treatment for these drug diseases was. I became satisfied for one thing that every mineral and every metal which was taken into the system in the so-called physiological dose, had an influence on the life force that was never removed except by art; that the life force cannot remove the effect of any mineral unaided, notwithstanding it could eliminate psora, sycosis or syphilis. I have satisfied myself that these drug miasms are transmitted in

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some cases to the offspring of the victims; and I have no shadow of doubt that the reason *sulphur* is so universally helpful is that *sulphur* has been abused by the whole human race for countless generations. I can hardly describe the course by which I traced this out, but one thing prepared the way for another, and I find there is much yet to learn before the subject will be mastered. A year and a half ago I was out of health and had three as good prescribers as I know prescribe without benefit. There were *ammonia* symptoms, which led me to wonder whether the *ammonia* I used to use in bathing could have left an effect in my system after five or six years. I took a high potency of *ammonia* and was better in an hour. In a few days the whole group of symptoms disappeared. So it has gone on from one discovery to another. The question of the cure of these diseases has been a troublesome one. You know that Hahnemann tells us in the *Organon*, Section 74-75, that the drug miasms are the only incurable miasms. I do not understand how he could have said this. We know a cure has been discovered. Even Hahnemann himself gave some hints of it, unconsciously; where he speaks of *psora* you remember that he says the product, when highly potentized, is so changed in its nature that it becomes a *simillimum*; and also says that where *quinine* has been abused, it is well to begin the treatment with *china*. The law is that *an exceedingly high potency of any drug is the simillimum for the lower dynamis of the same*. That is a law, I maintain, that has been demonstrated for a good many years and in thousands of cases. We see little hints of that in Allen's *Encyclopedia* in the provings of *tea*, you will find a case where the hundred thousandth of *tea* cured the disease produced by tea drinking. In Hering's *Guiding Symptoms* he says in the provings of *mercurius*, "where *mercury* has been abused, it is well to begin the case with a high potency of *mercury*." A great many have discovered these curious effects, but not one of them have discovered the law, so far as I know. Since I have been teaching this it has been said to me that Hahnemann understood it and that several others did. Hahnemann and Bœnninghausen were honest men. If Hahnemann had understood that a high potency of any remedy was a *simillimum* for the lower dynamis of the miasm caused by the drug, would he have given a dozen remedies for the drug? Would he have done it had he understood that a higher dynamis was always its cure? They never did understand it. As Hahnemann said of

those who had written of homœopathy before him, they had dreamed it, notwithstanding that Paracelsus did teach homœopathy in the very words of Hahnemann. This has been suppressed in the recent editions. The reason Paracelsus made a failure of his homœopathy was because he did not understand the principle of the dynamization of drugs, which, in my belief, is Hahnemann's greatest discovery. That was original with Hahnemann, but the teaching of the law of similars in the cure of disease was taught a thousand years before Hahnemann; but he discovered the principle of dynamization, the principle of developing the latent power, the soul of the drug, and through that homœopathy was made practical. Without that it would be an utter failure, if it were dependent upon crude drugs. If he had lived a few years longer, I have no doubt, carrying on the line of study he did, he would have discovered this fact that the higher dynamization was the simillimum for the lower. He took a step in that way in discovering that the high potency of psora would cure psora. Why do I believe that a high potency of a drug is a similar? For this reason: Any remedy to be a similar for a disease must act in the same sphere, along the same lines and in a similar manner. What can do that so perfectly as a high potency of the same drug? What can cover it at every point so perfectly as a higher potency of the same drug? Another thing: it is true that a greater removes a less, and those who have experimented largely with the high potencies of drugs know that they are incomparably more potent than the lower. I have demonstrated this thousands of times. For instance, I have had a diphtheria where *lachesis* was the similar. But while it would hold it in *statu quo*, it would not control it. The *eleven millioneth* wiped it out like magic. I have tried this time and again. For more than fifteen years I have tried the experiment of beginning the treatment of disease with the middle or lower potencies, and where they were clearly indicated, I ran on up the scale and found in thousands of cases the higher would cure where the lower would not. The higher I use with more benefit than the lower of the same drug. The question has been asked me, Is this homœopathy? And a good many said it was not; that it was an innovation; that it was undermining; a new system; a violation of the principles of homœopathy. I believe it is well understood and thoroughly believed by every well in-

formed homœopath that if a highly potentized drug is given in any disease and a rapid and complete cure follows, it is a demonstration that the homœopathic remedy has been selected and that that is proof, since we acknowledge no other law save that of similars, and I do not believe there is any cure with drugs outside of homœopathy, whether the drug is given in the crude or the millionth potency. I have tried the experiment for a good many years of treating patients for these drug miasms. In Indiana there were an immense number of people who never paid a physician and would rob him if they could. The question was, how to even up with these people. The only way I could see was to make them useful to science and the multitude of experiments I tried upon them is tiresome to even think of. I have never heard of any theory advanced, from Hahnemann down, that I have not tried on these people; medium, high and low potencies have been given; a single dose has been given, and then waited for months. Have piled it in every thirty minutes and gotten a proving. I wanted to so test the matter as to be sure if I had discovered a law of cure in drug miasms. I wanted to try it to a demonstration. For years I tried this upon thousands every year. Every case, regardless of symptoms, went to clear that one question. I would take a drug miasm and keep on until that was eliminated from the system. After the drugs were cleaned out, whatever was left was prescribed for according to the totality of the symptoms, and it was then found to be an easy matter to cure after the drug had been removed. It is a conservative statement to say that nine-tenths of all chronic diseases are drug diseases. The truth of this statement can be demonstrated by every one in your own practice. Now the question is, how shall we treat these drug diseases? I would answer, Homœopathically. That covers the whole ground. It may be well to explain a little what I mean by that. If I understand Hahnemann, one of the radical principles he laid down was that you could not cure a less disease in the presence of a greater. He says if psora is present you must attack the psora first, because it is a greater miasm. That is one of the most important discoveries he made. I do not care whether it is natural or artificial, you must take away the greater first, or you will not cure. You will knock out groups of symptoms until no one will recognize the similar by other means. But if you are going to cure disease, you must take this first. Hahnemann also says

that the drug diseases are the only incurable diseases. Hence it logically follows that if the drug diseases are the greater and you must take the greater first, you must take the drug diseases first. That is in accord with my experience. A great many think they have cured diseases in the face of drugs, regardless of that. I heard a man in the I. H. A. profess to have cured a case of Cinchonism with *natrum muriaticum*. Claimed that was the indicated remedy. He wiped out the malarial group with his *natrum muriaticum*^{cin}, but his patient died with diabetis mellitis. Where did this come from? Unquestionably from *quinine*. I have seen a number of these cases where they used to buy *quinine* by the ounce and take it for every trouble, and I have seen as high as three in one family die of diabetis mellitis. I have cured this by merely curing the *quinine* disease. A case comes to my mind now. A former patient had moved to another state. He applied to an allopath, who told him that all that ailed him was exhaustion and he had him take a few grains of *quinine* as a tonic. He was well for a short time. Finally the reaction came and he commenced going the other way. His pulse went down to forty and everything was wrong with him. He was going to die. He lost flesh and everything. Finally they shipped him back to Indiana and he came under my care. He had sugar in his urine. I spent half a day on that man trying to find what in the world it was and could find nothing that was to me satisfactory. The idea that a few grains of *quinine* spread over a few weeks with the exhaustion could cause so profound a disturbance I did not believe. While studying the case, I thought it would be just as well to clear out the *quinine*. I gave him a high potency of the same and had him report daily and had long conversations with him trying to dig up something or lead him off into different lines to see if it would not bring out what the trouble was. He kept getting better and in a few weeks returned to his home in perfect health, by just wiping out those few grains of *quinine*. I have had cases of insanity which were due largely to the abuse of *quinine*. Have seen them repeatedly recover under a high potency of the same. Some say, is that all of your Homœopathy? No by any means. I do not see how that interferes with the homœopathy of Hahnemann. You take your greatest miasm first. If you had psora, sycosis and syphilis, you would take psora first. Clean out the greater first, then take the next strongest one, selecting that one which presented

the most symptoms. When the drugs are out of the way, you just continue the practice of homœopathy by selecting the remedy that covers the totality of the symptoms. It would be a very difficult thing to select any remedy to cover the totality of the symptoms if you had the four natural miasms present. I should like to see some one select some one remedy that would cover the totality of the symptoms there. Suppose you have *mercury* and *iodide of potash*, until you have two or three drug miasms on top of the natural, where will you find your similar? You can't do it.

DIET DURING PREGNANCY.

A writer in the *Rev. du Their.* thinks many of the ills which accompany parturition are brought about by improper diet during pregnancy. An excess of water and albuminous food should be avoided—water, on account of its tendency to produce hydroamniion, and albumen, because it favors excessive growth of the child. The following is the diet prescribed, and which has been tried in a number of cases.

Meat once a day, green vegetables and potatoes; avoid eggs, peas and beans, as they are too rich in albumen. Wine and beer may be taken in moderation, but no more fluid should be taken than necessary. The advantages claimed for this regimen are:

1. The patients are active until the eve of their accouchment; they do not suffer from a sensation of fullness, excessive formation of fat, thirst or constipation.
2. Rapid and easy delivery, even in those cases in which the previous labors have been prolonged and difficult.
3. There is never an excess of liquor amnii.
4. All of the women thus dieted have nursed their babies. The quantity and quality of the milk were always good. The children were small, but healthy and well formed. They averaged about six pounds in weight; the circumference of their heads about 33.4 c.m.

Editorial.

TREATMENT OF DRUG DISEASES.

The Simillimum in all cases, for all diseases, brought about by the abuse of drugs is to be found in the same drug or similar combination whose power has been developed by potentization. Like the "*Law of Similars*," we find suggestions pointing toward such a conclusion in many of the writings of the past, and like the discovery made by Hahnemann, no one can claim originality for the theory in its fullest sense except Dr. Eugene W. Sawyer, of Chicago. It is true that Bönninghausen suggested a limited application of the principles and we find a similar suggestion running through the writings of Hahnemann, while a practical application, limited in character, will be found in the writings and lectures of Guernsey.

The following questions may be asked at this point: Does this theory represent a truth capable of scientific demonstration? May it be applied in every instance due to the abuse of drugs? These questions can only be answered by submitting the theory to the crucial test of experience and in order that these tests be properly applied it is necessary that each and every one follow certain well defined rules of procedure. If it be true, the advantage gained will be enough to compensate for the great amount of patient study and thorough investigation required.

During the past four or five years this question has been brought to the attention of the profession through the published experience of those who have partially or thoroughly tested the matter, and the results given have been of such a nature as to create a strong desire on the part of the profession for more light upon the subject and arrangements are being made for a thorough and systematic discussion of the question in all its phases. Like all great questions there are those who criticise without knowledge of the subject; who condemn because it does not conform to preconceived ideas, and who will not investigate, because it was not developed in the *Organon* of Hahnemann and consequently must be heresy in some form or other. It has been charged by some that this is but the revival of the old dis-

carded doctrine of Isopathy; by others it is claimed that this is a spurious doctrine because the exponents of it do not seem to rely upon the morbid symptoms produced as a guide in the selection of the *Simillimum*. By others it is charged that this is a pernicious theory, because its practice tends to routine prescribing in which the most important factor is making the list of all drugs that have been used and abused during the life time of the patient, and the selection of its antidote in the form of a high potency of each drug in its regular order, regardless of all contrary indications and ignoring the force held in reserve by the system, thereby bringing about a state of superficial investigation, which unfits the prescriber for thorough scientific work.

It will be found from the above expressions that this theory must be a most perfect exemplification of the law of *Similia Similibus Curantur*, or that its influence is so pernicious as to merit the condemnation of all earnest, thoughtful students.

Let us consider the different points raised. *Does this theory represent a truth capable of scientific demonstration?* Two factors enter into the record of every proving—susceptibility of prover and characteristic action of the drug. The abuse of a drug would be nothing but an imperfect proving of the same in which the morbid or disease symptoms would depend upon the amount of reserve force inherent to that particular constitution, at that particular time. If the drug had been abused a characteristic burden had been laid upon that constitution, whether the symptoms had been clearly defined or not. The fact that the medicine selected did not perform the cure made the selection of something else necessary and the result of this persistent course in wrong doing many times leaves a confused mass of symptoms, which cannot be covered by any single remedy.

The chronological history of the case gives a record of disturbed conditions possessing marked characteristics with very few elements common to all, thereby showing the preponderance of the drug disturbing power over the disease tendencies of the individual. In this we have a record of drugs used; also a record of disease manifestations following its administration. This may constitute the only proving we may possess of this particular drug or combination, but it certainly affords an indication sufficiently strong to warrant the application of the "*law of similars*" and the consequent selection of a high potency of that

agent, which in its crude form had been capable of producing symptoms similar to that for which it had been selected.

Following the principle laid down in the *Organon*, that the course of treatment must be in reverse order to the development of the disease, we take the last symptoms in conjunction with what has gone before that seems common to all and make our prescription upon *this* totality. If this presents a picture pointing with reasonable clearness to a certain remedy and we find the patient has been taking a combination in which this was one of the ingredients, it will seem more logical to expect a potency of that agent, taken as one influence, to be the simillimum than one of the factors in that disease-producing influence. This is a fair statement of the theory and certainly represents a truth capable of scientific demonstration.

May it be applied in every instance due to the abuse of drugs? With an unbiased judgment and actuated by the simple desire of knowing something of the possibilities of this theory we have from time to time secured potencies of drugs known to have been abused, because the expression of disease or disturbances could not be collected under the pathogenesis of any one drug, and have seen these potencies clear up complicated cases almost as it were by magic; and as a result of these frequent applications of the theory, we have been compelled to give our qualified endorsement of the theory and to express our belief that it is applicable in all cases, subject to the same laws and principles that govern the selection of the indicated remedy, under the recognized "*law of similars*." The incorporation of these principles in the *Organon of the Art of Healing* would not only simplify, but increase in efficiency the work of the homoeopathic physician.

In accordance with § 7 of the *Organon*: "Where no manifest exciting or maintaining cause has to be removed we can perceive nothing but morbid symptoms; it must be upon the totality of these symptoms alone that the physician is enabled to determine the appropriate remedy that will serve to remove these expressions of disease and thereby restore to health the patient." A patient comes to you giving expression to symptoms that would suggest the selection of *China*. You have the consciousness of an imperfect picture, but *China* is selected and a relief of a portion of the symptoms follow; but within a few days there is a return of these symptoms when an inquiry elicits the fact that

the man has been taking an occasional dose of *Quinia Sulph.*, but not enough to produce the characteristic provings of that drug. With this principle guiding your selection the second prescription is *China Sulph.*, instead of *China*, with the result that the improvement becomes more marked and most permanent in character.

Case No. 2—Reports such a mass of confusing symptoms pointing with almost equal prominence to *Sulphur*, *Nux Vomica* and *Alas* you are at a loss to determine which one is most clearly indicated and probably as a result of the uncertainty you decide upon *Nux Vomica* and get fairly good results; possibly you follow this with *Sulphur* and still the results are not to your liking; at this time either by reason of direct questioning or by some suggestion dropped you learn that the patient has been taking a *Compound Cathartic Pill* containing *Nux Vomica*, *Alas* and some other ingredients. The administration of a potency of this combination, the abuse of which undoubtedly aggravated his original constipation, produced a result simply beyond your expectation and because of its similarity to the case clears up a confused picture and enables you to see the original condition for which the patient selected these *cathartic pills* and you are thereby able to select the remedy which completes the cure all so satisfactorily begun with your second prescription.

Case No. 3—Is an old chronic case giving a history of druging that would be simply frightful if it was not of such frequent occurrence. The record will show no clearly defined indications for anything, but a confused mass of symptoms that will almost exhaust the patience of the physician who will make a conscientious record of his case. It is learned, however, that for the past two, three or four weeks the patient has been taking *Carter's Little Liver Pills* which consists of *Podophyllum*, *Alas* and *Mucilage of Acacia*. A potency of these pills are given as the first prescription, because they produced the latest constitutional disturbance and they are allowed to work until there seems to be a cessation of activity; in other words there is neither improvement or aggravation to be elicited from the report. It is then found that the prescription preceding the pills was *Garfield Tea*, which is composed chiefly of *Senna* and *Crushed Couch Grass*. A prescription of this preparation in its potentized form is now given and as the system is brought out from under the overwhelming impression of these drugs, indications become

more clearly marked for the selection of well proven remedies and in this hypothetical case instead of constipation a diarrhoea with tenesmus and soroness of the flesh throughout the body, possibly a sore throat with other indications that would point to *Mercurius*, but the history of the case shows that instead of using *Mercurius Vivus* the patient had been taking *Calomel*, when this theory of selection would enable the physician to give *Mercurius Dulcis* or *Corrosivus* instead of *Mercurius Vivus* with results very strongly establishing the theory and confirming the judgment of the physician in his selection; and this last prescription might be the means of almost completely removing the morbid symptoms in the case and enable the physician to discharge his patient as cured or at least to make further study comparatively simple and gave exceedingly satisfactory results both to patient and physician.

ITEMS OF INTEREST.

Dr. F. H. Lockwood has moved "around the corner" and can now be found at 347 E. Chicago Avenue, Chicago.

Drs. L. D. Rogers and Ida Wright Rogers, of Chicago, have returned from a visit to the principal hospitals of England, Ireland, Scotland, France, Switzerland, Southern Germany, Northern Germany and Belgium.

Hahnemann opened up its year's work with a pleasant reunion in the College Tuesday evening, Sept. 15th.

Homœopathic Medical Society of the State of New York meets this year in conjunction with the Homœopathic Society of Western New York at Rochester, Tuesday and Wednesday, Sept. 22d and 23rd.

Dunham Medical College started on its Preliminary Course Monday morning, Sept. 14th, with a nice class. The regular winter session begins Monday evening, Sept. 28th, with a Welcoming Reception.

The eleventh semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association will be held in the Century Club Rooms, 115 Main street, Elkhart, Tuesday, Sept. 26, 1896. Session to begin at 10:45 a. m. A cordial invitation is extended to every physician to come, single or double. Bring an applicant for membership. Volunteer papers solicited. Short, spicy debates follow each subject.

Profs. Hoynes and Latz have returned from their sojourn in Europe and entered upon the work of their respective departments in Dunham College.

Owing to the change of place of meeting; this being the Presidential year and November the month of the elections; the financial stringency, etc., throughout the country, the Executive Committee of the Association, after due consideration, herein declare the meeting of 1896 postponed until 1897, and that the meeting in 1897 will be held in Nashville, Tenn., in which hospitable and beautiful city we are promised by the physicians, the Board of Trade and the officers of the Tennessee Centennial, a royal welcome and every incentive for the banner meeting of our beloved and important Association.

The sixth annual meeting of the American Electro-Therapeutic Association will be held on Tuesday and Wednesday, Sept. 29th and 30th, and Thursday, October 1st, 1896, in Allston Hall, the Studio Building, on Clarendon street, near St. James avenue, Boston, Mass.

Acetylene is being tried as an illuminant on the Paris street cars. Though the weight of the gasogene when charged is only twenty-seven pounds, it is capable of producing thirty-five cubic feet of gas, the illuminating power of which is estimated at fifteen times that of ordinary coal gas.

Electricity, as reported by Dr. M. G. Jenison, of Minneapolis, in the *Ohio Dental Journal*, has been successfully employed by him in checking hemorrhage from the extraction of teeth. The current caused instant coagulation of the blood, and gave relief where the usual remedies were without effect.

It is easier for an American to get the degree of Ph.D. at most of the German universities than it is for him to get it at any one of the dozen or more American universities of the highest grade. In Germany it is the lowest degree given, hardly more than equivalent, if, indeed, it is equivalent, to our Master of Arts. Yet many among us, who care little for their A. M., would be proud to flourish a Ph.D. from a German institution.

Our Monthly Review.

A Prospect of Definite Results in Materia Medica. The leading editorial in the *Southern Journal of Homœopathy* for August reviews the work of the Materia Medica Conference at Detroit, summing it up with the statement that on the whole we think it a good thing to have had a conference on this great subject of Materia Medica, because it shows us where we stand, and while there is the same great diversity of opinion with reference to the methods of securing definite results, there is also established the fact that we can never hope to secure these results by waiting until the profession becomes a unit in the matter, because one section looks upon the materia medica from a standpoint entirely different from that of another; and consequently, there can be no concert of action until either one section or the other shall have put their definite ideas into operation and demonstrated conclusively the superiority of their methods over that of all others. In connection with this he calls attention to the fact that an organization already exists in the American Materia Medica Association, composed as it is of materia medica experts, working in perfect harmony with one another upon a definite, well-digested plan. We heartily concur with the conclusions of the editor, and feel satisfied that the works of this association will satisfactorily demonstrate one of two things: first, that their definite plan of action is based upon a true hypothesis or that the logical conclusion of their plan of work will be so unsatisfactory as to bring them back to the original method of Hahnemann, Bœnninghausen and Hering. We already have in Hering's *Guiding Symptoms* a masterpiece, illustrative of the inductive method which has proven so successful and so satisfactory in the past.

T. F. Allen's Mode of Making a Prescription. It was amusing to see the interest shown by members of the American Institute at Dr. T. F. Allen's mode of making a prescription; and it was likewise amusing to see the astonishment with which these same listeners heard Dr. Allen say that there was nothing original in his method; in fact, that it had been taken bodily from the work of Samuel Hahnemann. And when he predicted that in the near future there would be an entire change of attitude toward our symptomatologists. Dr. Allen has been recognized as a master of Homœopathic materia medica, and many of his students have looked to him for wonderful and radical improvements over the old antiquated ideas of that other and greater master, Bœnninghausen. But truth is truth and science is science. Neither of them changing in any particular with the lapse of time. Bœnninghausen said in one of his aphorisms that there were three legs to the stool upon which every symptom must stand if it be of value in the selection of the remedy for the healing of the sick. These three legs consist, first, of location; second, sensation; third, the conditions of aggravation or amelioration. Hahnemann recognized the truth of this statement and his great accuracy and skill in rapidly selecting the

simillimum arose from the fact that he was able to group these three conditions in the record of every patient. Like every other investigator we may fight against this condition, but sooner or later, we will be compelled to acknowledge the wisdom—in fact, the absolute necessity for mastering the application of this principle if we will become experts in the reading of our *materia medica* or the records of our patients.

Aurum Metallicum and Argentum Metallicum. Brother Anderson, in the *Denver Journal of Homœopathy* for August, presents the mental characteristics of these two metals. For examples, the mental characteristics for *aurum* are: *Peevish and vehement; the least contradiction excites his wrath; mental effort fatigues; looks on dark side; imagines he sees obstacles in his way everywhere; feels despondent; mind constantly turns towards suicide; hopelessness.* While under *argentum metallicum*: *Great inclination to talk, his mind is clear and he argues with great facility; increased cheerfulness and disposition to talk; great serenity; a heavenly sensation of peace, etc.,* and from these indications draws the conclusion that the simillimum for the present state of unrest and disturbed peace of mind of the body politic will be found in *aurum metallicum* for the Gold Bug and *argentum metallicum* for the Silverite; whereby both extremes will be brought to a normal or healthy state and thereby secure the use of both metals in their proper sphere.

Should Homœopaths Discard Their Distinctive Title?

Dr. F. H. Orme, in the *Southern Journal of Homœopathy* for August, urges the retention of this distinctive title for the reasons that under this banner a great truth has become established and those who sustained its name under great trials and persecution should have the privilege of seeing future generations enjoy the fruits thereof. The animus of the old school charges that homœopaths are sectarian, bigoted, practicing an exclusive dogma, trading upon a name, irregular, etc., are well understood by every well informed member of the profession at the present day. It should be borne in mind that these conditions were the logical result of the illiberality of the dominant school in refusing space in their journals or time in the meetings of their societies for the discussion of these questions, making it necessary for these same enthusiasts to establish mediums through which they might reach the profession, and through the profession, the world at large. The results of their persecutions have been so opposite to the results desired, that they now feel compelled to offer some pretext upon which they can hide their own illiberality, for which many of them are profoundly ashamed, and because of which many have been forced to leave their ranks and openly avow themselves converts to this great truth. Instead of dropping this distinctive title, which has now become a badge of honor, it behooves every avowed believer in the truth of these principles to become worthy exponents of the same.

The Results of Internal Medication in Middle Ear Disease. Dr. B. D. Hazeltine, in the *Clinique* for August, reports the case of an inflammation and discharge from the ears of a child following scarletina, in which he thoroughly treated the ears by local means for several weeks with such unsatisfactory results that he became determined to try the effects of internal medication, still adhering to the local treatment. The result was not all that could be desired, but still showed improvement over the local treatment

alone; and asks if it be possible for any kind of treatment to produce a permanent cure. In the discussion of this case, Dr. C. Gurney Fellows expressed the conviction that where there was free drainage and a surgical condition of cleanliness, that there was little demand for anything but internal medication. He says: "I am a low potency man and have had considerable experience in this class of cases, but believe that if the remedy is the right one that here is a place to use the higher potencies;" and suggested if the remedy selected had demonstrated its similarity by producing some improvement, it is more than probable that the administration of the same remedy in a higher potency and increasingly high as the case improved, would either lead to a permanent cure or other clear indications would arise for the selection of a remedy which would complete the work. (Such expressions of pure homœopathic principles have been more frequently heard during the present year than at any time within the past decade and clearly point to a higher state of scientific reasoning than has been witnessed for many a day.—ED.)

Platina in Irresistible Impulse to Kill. Dr. Gaudy, upon the recommendation of Jahr, who prescribed *platina* for a woman with a desire to kill her child, relates the following case in the *Journal Delge d'Homœopathie*: A woman about thirty-five years of age, whose married life had been without the least cause of dissension, felt an irresistible desire to kill her husband whenever she saw a knife or any metallic instrument; and frequently was obliged to leave the table in order that she might resist this impulse. He learned that she had recently lost a child, after confinement, that this had been followed by a desperately persistent uterine hemorrhage. Recovering from this, she became restless, irritable and her whole existence was ruled by this impulse. The administration of *platina* produced a mental calmness and a recovery of her usual happy disposition.

A New Hypothesis of Drug Action. Dr. Frederick Finch Strong, in the *North American Journal of Homœopathy* for September, lays down as a general proposition that disease is the result either immediate or remote, of some poison in the system. This poison may be introduced through trauma by way of the alimentary canal or lungs. It may be formed in the system as the result of deranged metabolism (leucomaine); or it may be formed as the result of vital activity of pathogenic bacteria (toxine). By cultivating pathogenic bacteria upon media of a composition similar to that of the animal body and subsequently removing the bacteria by filtration through porcelain, we may obtain solutions of these different toxines and experiment with them as we would with any other toxic drug. It is claimed that frequently repeated doses of certain toxic drugs will, after a time, create an artificial immunity from the poisonous action of that particular drug. This immunity results from the formation of a soluble chemical substance in the blood of the animal, which acts as an antidote to the particular toxic substance in question. This natural antidote remains in the system for some time, and by injection of the serum of the blood which contains it, the immunity may be transferred to other animal organisms. We believe these natural antidotes are manufactured by the leucocytes or white corpuscles of the blood. In any acute disease, although the leucocytes are powerless to form, the antidote to the particular poison in the system, they can nevertheless form other antitoxines. For example, a child

with measles may be successfully vaccinated for smallpox. Another point is the fact that a substance which will act as a physiological antidote to a given poison will act in a similar manner in the case of a totally different drug, provided the latter closely resembles the first drug in its toxic effect upon the system. The same would doubtless be true of the natural antidotes or antitoxines and a person artificially immunized to a given poison would, in all probability, be proof against other poison resembling the first in its toxic effects. To apply this theory to the application of remedies in accordance with the law of similars, we find in the first place that similarity in general toxic effect is the essential feature in selecting a remedy. Symptoms are the chief indications of these effects, but they are not absolute and must be taken in connection with the data given by the modern method of pathological diagnosis. In selecting the remedy we must compare the general picture given by the diseased organism with that given by the drug in question when it is exhibited in toxic doses in healthy individuals. Second, in order that a remedy may act it must be an active poison as, in order to induce antitoxine formation, the leucocytes must be irritated; and this can be accomplished by toxic substances alone. This is in accord with the testimony of the greatest mind in the homœopathic profession, namely, that the greater the poison the greater the remedy, as illustrated by the use of *nux vomica*, *belladonna*, *aconite*, *arsenicum*, *veratrum*, etc. Third, this system furnishes us an accurate rule for the determination of dose. The doctor concludes his paper with the hope that a thorough experimental investigation of the points above stated be immediately inaugurated, which would necessitate a reproof of the principle drugs with special attention to the objective symptoms and pathological effect. Second, the determination of the physiological dose of each drug as well as its power to excite the leucocytes of antitoxine. Third, the degree and duration of immunity. Fourth, the degree in which the serum of an animal immunized by a given drug, will take the place of that drug in the treatment of diseases. (The hypothesis advanced by the writer differs in no degree from the theory advanced by the scientific experimenters of the present day and can never be successfully applied in the treatment of the sick. The investigations of the past century and the natural trend of scientific thought tends to the establishment of the simple but practical theory that disease consists in the disturbance, not of the material substance of the body, but of that more and more universal influence termed by Hahnemann the dynamis or vital force which gives life and characteristic activity to the different substances of the body. And that remedies employed for the cure of these effects must be made to act upon a similar plane in order that it may successfully counteract the effect of previous disturbing influences. There can be little question that the effects sought for by the doctor in his investigations are simply the course, and consequently crude illustration of the same principles embodied by Hahnemann in his law of similars but made by the very refinement of his application to cover a much wider scope than could ever be hoped for by the application of drugs just a shade below the strength necessary to produce the physiological action of the same.—ED.).

Some Experiments in Abdominal Surgery. Prof. James G. Gilchrist, in the *North American* for September, says the success of an operation depends upon technique, anatomy and therapeutics. He divides the

treatment into periods as follows:—pre-operative, operative and post operative. Pre-operative, surface cleanliness, to be secured with thorough bathing without the use of chemicals other than soap, and to forbid shaving, because a shaved surface is more or less denuded and consequently absorbing. Next, a free evacuation of the bowels and bladder immediately before the operation, trusting to enemas and catheter if necessary. Operative: The question of chief importance is the incision, manner of making, size, direction and tissues involved. Things to be considered are accessibility to the parts in question. Make incision large enough to give ready access. Let it take the direction that secures the minimum of hemorrhage, avoiding the transverse division of muscles. Lastly, the incision must be rapidly made with a sharp knife and with as much depth as possible from the first, avoiding as much as possible the unnecessary handling of the viscera, which emphasizes the necessity for familiarity with anatomy. If the operation is intestinal, only that portion being treated must be exposed, the remainder being constantly covered with hot, moist cloths. Post operative: Much anxiety is usually felt with reference to intestinal paresis and the faintest suggestion of tympanitis is alarming. *Carbo veg.*, *arsenicum*, *rhus tox.*, *phosphorus* and other remedies when indicated usually remove these symptoms, but the free evacuation of the bowels not later than the second day by enema if possible has improved the records very materially, securing a mortality of only four in the last one hundred laparotomies.

Helonias for Conscious of the Womb. Dr. Marvin A. Custis, in the *North American* for September, reports a case with prolapsus uteri and ulceration of the cervix with an offensive leucorrhœa in a patient who was completely worn out. She was very irritable, found fault with every one and could not bear to be contradicted. Restless, desires to move about, as she feels better in both mind and body when employed. Severe backache, leucorrhœa dark in color and offensive, a sore, heavy feeling in the womb, which she described as saying she was always "conscious of her womb." With a desire to test this one symptom *Helonias*⁸⁰, a dose every three hours for two days, then a dose every night when retiring, entirely relieved the soreness of the womb and enabled her to report that she forgets that she has such an organ.

Petroleum in Puritis Ani. Dr. W. A. Dewey, in *North American*, reports a man suffering for eighteen months with itching of the anus; decidedly worse at night while in bed. Scabs on margin of anus, irritability of temper. Has used vasiline externally with benefit. Attention was called to *petroleum* by the fact that vaseline relieved.

Psorinum in Eczema Capitis. Two sisters, ten and twelve, scabby cheeks and ears. Burning, itching. Hair matted together. Dry, lusterless hair. Pustules and boils on scalp emitting an offensive odor. Eruption moist and fetid. Patients averse to having head uncovered when head was covered. *Psorinum*²⁰⁰, one dose at night for three nights. Improvement commenced at once and both cases progressed to cure.

Selenium in Headache. Lady aged forty, single, school teacher. Suffered for several years. Was an inordinate user of tea. Otherwise healthy. Headaches periodical, over left eye. Much depressed by strong odors and light. *Selenium*³⁰ improved at once, attacks less often, and in three months was well. (The doctor restricted the use of tea to once a day instead of three

times and probably would have accomplished more satisfactory results by the selection of *thea* and the entire restriction of tea in any form.—ED.).

Carbolic Acid in Uterine Displacements. The catarrhal discharge if present is always offensive. The symptoms first relieved are the agonizing backache across the loins with a dragging sensation down the buttocks and into the thighs. The pathogenetic symptoms are soreness and weakness of muscles of back and limbs. Pain in loins on straightening one's self and by jolting while riding. Sore and bruised feeling in loins and abdomen. Leadens heaviness in lower extremities with dragging sensation. Prostration from short walk. *Carbolic acid* 30, twice daily until improvement sets in, which is generally after three or four doses.—(Dr. M. Deschere, in *North American*).

Hints to Prospective Mothers. As soon as you are satisfied that you are pregnant decide who shall be your medical attendant, and make him your confidant and adviser. Make an early selection of your nurse and in this it is well to consult your physician. Remember that a nurse, besides having official duties to perform, is to be your companion for weeks and agreeable companionship is conducive to health. Do not imagine that pregnancy must be accompanied by discomforts and suffering, but rather look upon it as a most favorable time for the elimination of disease tendencies. Almost every source of discomfort will simply be an aggravated expression of that felt in every day life and consequently will be so clear cut as to afford positive indications for curative measures.

The subject of diet is an important one; it is apt to be capricious and ought to be humored. Diet should consist of a variety and at the same time highly nutritious. As a general rule the patient should be allowed whatever she may crave and any unfavorable results with any unnatural craving receive the remedial treatment. An abundance of exercise of the proper kind and amount aids digestion and assimilation, but inactivity or over exertion should be carefully avoided. Rest is equally important with exercise. Take all the sleep you can get, make it a habit to have a nap after luncheon every day. Clothing should be loose and light over the abdomen and all skirts suspended from the shoulders. If the nipples are small and retracted, begin early with a course of improvement, either by traction with thumb and finger or by suction with a clay pipe or other cover. Bathing the breasts with cold water during this period will render them less sensitive to cold when suckling the child. During the last two months rub the nipples each morning with a mixture of equal parts of sweet oil and brandy will make the skin tougher and more pliable and less likely to crack or become tender when nursing.

With reference to the special preparation for the eventful day, first select the best room in the house, nothing is too good for you when laboring in such a cause; have the room which has the best sunlight, best ventilation, temperature, and at the same time the most quiet and agreeable one you have. Absolute cleanliness. Have an abundance of clean, freshly laundered linen. At the onset of labor you should take a very thorough bath, taking especial effort to cleanse the vulva and anus and all adjacent parts with strong soap and water, carefully separating all folds and cleansing to the bottom. Every woman should remain in bed until the uterus shall be reduced to nearly its normal size, which will take from two to three weeks and at least ten weeks all of her leisure moments should be spent upon a sofa or bed instead of sitting in a chair.—(W. S. Guernsey, in *North American Journal of Homœopathy*).

Book Reviews.

Lippincott's Magazine. The complete novel in the September issue is "A Marital Liability," by Elizabeth Phipps Train, well known as the author of "A Social Highwayman." Its hero chivalrously bears the punishment of another's crime, but ultimately gets his deserts, which are high. "A Hard Answer, and How it Turned Away Wrath," is a brief but vigorous Texan tale by Alice MacGowan. Henry A. Parker tells "How Hawkins was Regulated," which was in a manner wholly unexpected by the Regulators. "A Painting of Apelles," of which Wolf von Schterbrand writes, is supposed to be secretly preserved in a monastery on Mount Athos, and to be copied by a Greek artist, who had to become a monk to obtain access to it. "The Natural History of Fiatism" is accurately studied by Fred. Perry Powers, in a way more complimentary to the advocates of free silver than to their opinions. They and their ancestors—all native Americans—he explains, have accomplished such marvels in upbuilding a new country that they think they can do anything. "What have we to do with abroad?" What are the laws of Trade and the lessons of the Past to us? Let us have our own finance, our own political economy, our own ideas and arrangements about everything, irrespective of the Old World and its effete monarchies. Dr. A. L. Benedict has an interesting and instructive paper on "The Life of a Medical Student."

The Atlantic Monthly for September contains two articles that have a timely bearing on the political situation. In "The Problem of the West," Prof. Frederick J. Turner, of the University of Wisconsin, traces the growth of Western characteristics and opinion historically and logically. If there is a sharp sectional feeling, he shows that it is not a feeling as between two peoples, but only as between two neighborhoods. The man of the Middle West is the type of the true American citizen. This very thoughtful and practical article is followed by the historian John B. McMaster's article on "The Election of the President." There are two articles suggestive of the most startling chapter perhaps in human history—the story of unparalleled success and effect of Uncle Tom's Cabin, told by Charles Dudley Warren, immediately followed by an article on "The Awakening of the Negro," by Booker T. Washington, who explains the revolutionary work done at Tuskegee, Alabama. He shows, too, how the Tuskegee method of teaching thrift strikes at the very root of all the misfortunes of the South, and has in it the seeds of a revolution for whites as well as blacks.

Review of Reviews. Theodore Roosevelt contributes a characteristic study of "The Three Vice-Presidential Candidates and What They Represent." The time is peculiarly opportune for a re-examination of the Vice-Presidential office, and Mr. Roosevelt offers some pertinent suggestions as to the proper status of the Vice-President in our scheme of government. He believes that the Vice-President should represent the principles on which the President was chosen to office, that he should have a seat in the Cabinet, and that his official power should be increased in several directions. Mr. Roosevelt's comments on the personalities of the three candidates now conspicuously before the country are direct, pointed, and decidedly Rooseveltian.

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APIS AND ZINC.*

EDWARD CRANCH, M. D., ERIE, PA.

Apis and Zinc have in many ways, a certain relation to each other of acute and chronic, not inimical, as are the two more similar acute remedies, Apis and *Rhus*, but complementary, as are *Nux Vomica* and *Kali Carbonicum*.

Both Apis and Zinc give rise to symptoms of hydrocephalus, such as follow suppressed eruptions, with dullness, shrill screams, and afternoon aggravation. Both have stinging pains, erythematous eruptions, conjunctivitis, stomatitis, nephritis, proctitis, suffocative cough, convulsions, and that rather peculiar symptom, fidgety feet.

Mentally, both cause irritability, depression of spirits, anxiety, bewilderment and unconsciousness. More particularly, the Apis subject is much given to *whining*, and this whining voice was one of Dr. Lippe's especial keynotes for Apis, and has many times been usefully verified. The Apis patient, if a woman, is apt to be of a jealous temper, besides being clumsy, letting the dishes she is wiping, or the bric-a-brac she is dusting, fall to the floor. If very sick, she confidently predicts her death, which event the Zinc patient views with entire equanimity, although very sensitive to noises and to the talk of others. Both sets of patients are of changeable, fickle temper and uncertain in their continuity of application.

*Read before the State Homœopathic Society of Pennsylvania, Sept. 30, 1896.

Both Apis and Zinc will relieve headaches, acute and chronic. The chronic headaches of Zinc have specially painful and tender spots, and are often seen in nervous prostration and in chlorosis; its acute headaches are mostly from worry or fatigue, and have the fidgety feet as a marked accompaniment. The headaches of Apis are violent, stormy, with fullness and burning, and with puffiness of the face, cold water relieves, heat is aggravating, especially near a stove. A comparison may be had here with *Glonoine*, with its still more violent throbbing; with *Belladonna*, with its great thirst and desire to wrap up warmly, in spite of a partial relief from cold water, and with *Silicea*, with its characteristic relief from hot applications, even from poultices. Apis and Zinc both have falling of the hair.

Both Apis and Zinc have many eye symptoms in common, as conjunctivitis, lachrymation, photophobia, and stinging pains, only Apis has more œdema, always of a red color, often with the most serious inflammation, so that, as Hoyne reports it, "the whole eye looks alike." Both drugs have ulcers on the cornea, iritis and pannus. Zinc especially, will cause and cure pterygium, sharing this distinction with *Rhatania*. Zinc is useful in granular lids, and the presence of a green halo in the vision of the Zinc patient may prove to be a valuable hint.

Apis alone is very useful in facial erysipelas, violent, but without thirst, while Zinc is of especial value in the cachectic neuralgias that often follow such cases. Both drugs have stomatitis with rows of aphthous ulcers anywhere in the mouth or fauces, but Apis has the acute form of a fast-swelling glossitis, with or without profuse salivation, and Apis is also of the utmost value in diphtheria, when the acute symptoms peculiar to Apis are present, œdema, thirstlessness, numbness of hands and feet, scanty urine, stinging pains, aggravation from heat of stove, and at 3 or 4 in the afternoon.

Both remedies have soreness of the whole alimentary canal, including the anus, but the stool of Apis is very easily expelled, in spite of the pain in the bowels, in fact, in children, the anus may be seen standing open all the time. Both drugs have colic, and both are useful in the cephalic symptoms that often supervene upon cholera infantum, and are known by the name of hydrocephaloid. Zinc extends its action to the state of torpor of the intestines that follows or alternates with protracted diarrhœa.

Hoynes recommends Apis in trichinosis, its peculiar pains and swellings making it homœopathic to this dreaded condition.

Both drugs have enlargement of liver with commencing dropsy, but Apis has the more acute pain, and soreness. The desire and aversions of Zinc, are more marked in particularity than in Apis, which has general loss of appetite and of thirst, while under Zinc the patient refuses sweets, fish, veal, milk, and many warm dishes; he is always made worse by wine, yet what he does eat or drink he takes heartily, as if greedily. The Zinc patient is generally thirsty.

In the urinary tract the effects of Apis are more violent and acutely inflammatory than those of Zinc; the former having acute nephritis with dropsy and albuminuria, while the latter is more often useful in gravel, as its characteristic symptoms will show. The secretion of urine, under Apis goes to extremes, very profuse or very scanty, and always with frequent urging. With Zinc the pains, as in other situations, are more neuralgic than inflammatory.

In the female sexual sphere the actions of either drug will cause leucorrhœa, uterine pains, menstrual clots, pruritus, and nymphomania. Apis, however, has a stronger affinity for the ovary, causing ovaritis, oophoralgia, and ovarian dropsy.

Both drugs cause cough, hæmoptysis, and suffocation; under Apis the sufferer feels as if he could not draw another breath; the feeling is analogous to that other interesting symptom of Apis, "cannot strain at stool without feeling as if something would burst;" the cough of Zinc is as if one would suffocate from the continuous fine tickling in the lungs. In the back and extremities there is stiffness under both drugs, but more lassitude and weariness under Zinc, more numbness and swelling under Apis.

Both drugs cause convulsions, general under Apis, more localized under Zinc, which also displays peculiar tremors.

The skin symptoms of Apis and Zinc are surprisingly similar, being both under the control of the nervous system, forming urticaria, itching and pimples, all more acute and fiery under Apis, more protracted and cachectic under Zinc. Both cause heavy sleep, interrupted by dreams with starting or screaming. Both have much chilliness, with faintness and sweating, both have fever and delirium, both have marked aggravation at 3 p. m. Apis has the wider range of ailments, but Zinc comes in in

many of the same ailments, only more often when these have reached their chronic state. Both are very positive remedies, and undoubted in their action when they do act, which is always, in almost any potency, when the symptoms agree.

MERCURIUS.*

Dr. Leslie Martin—This day has been set apart by us, for a visit with that old patriarch, Mercurius. Let us welcome and question him as to his past behavior.

Doctor—"We welcome you, heartily, most reverend Senior. Why, how well you are preserved! Give us a good hand shake! O, how cold your hand is! Are your hands always cold like this?"

Mercurius—"Yes, that is my normal condition. You must know that I came into existence at the creation of the earth, and have journeyed on, through all these years, potent for evil and for good. Since man has known of me, he has named one of the planets after me, thus characterizing its coldness."

Doctor—"Well, what is the result of your work upon men, since you were brought to light?"

Mercurius—"The result is that I have slain many thousands, and healed many thousands."

Doctor—"Will you please to tell us how?"

Mercurius—"Certainly. You must know that my action upon the organism of man leaves nothing untouched from the crown of his head to the sole of his foot. A careful study of my action upon the mind shows that the memory is weakened until there is extreme forgetfulness. This, finally, leads to mania with a desire to murder or commit suicide. My action upon the head has produced a long train of symptoms; on the sensorium, a sensation as if whirled in a swing."

Doctor—"Well, sir, please go on."

Mercurius—"Let me say that my first experiment upon man was a sad one. It was made under the administration of so-called Scientists. They, at first, considered me inert, but shortly found me to be a Cyclone when aroused. I destroyed the eyes of the patients, caused exostoses upon their skulls, and pulled out their hair by the roots. I caused deafness, abnormal sounds in their ears, and, not satisfied with that, I produced most offen-

*From a study by the Materia Medica Club of Syracuse, by Dr. Leslie Martin.

sive discharges. I also caused swelling, offensive discharges, frequent and profuse bleeding from the nose.

"I made the face pale and yellow and covered it with dirty, yellow scurfs and pimples. I affected the same region with tearing, lancinating, neuralgic pains. I fixed the jaws so they could not be opened, and caused the lips to become dry, cracked and ulcerated at the corners. When night came I made the teeth tear with pain. Indeed, I made great havoc with the teeth and gums, causing the former to become black, dirty, grey and carious; the latter to recede so that the teeth would fall out of themselves; finally, leaving the jaws toothless and gumless.

"Upon reaching the liver, the largest glandular formation in the body, I just make the subject "git." Having a great predilection for glands, this one serves as a great play-ground for my antics.

"I soon cause the abdomen to become painful and distended; the intestine to become inflamed and ulcerated; the stools to become varied in color and character, accompanied by such straining (tenesmus) that the victim frequently exclaims that he shall 'never get done.'

"I attack the bladder and urethra with soreness and inflammation causing a sense of rawness, burning and extreme pain in the latter, during micturition, or, I paralyze the urinary organs.

"I paralyze the entire nerve supply of the sexual region, with loss of sexual power and with many added sufferings. I leave the testicles swollen, hard and shining.

"As I journey through the body, I leave traces of my work on all its tissues. I cause loss of voice, asthmatic respiration and violent cough. I sometimes destroy the lungs, again I cause the sufferer to think that he is dying from weakness of the heart. I produce stitching, tearing pains in the back, and eruptions on the skin that become yellow; the herpes, eczema and ulcers itch intensely. I cause weakness, general tremulousness and paralysis of the nerves.

"My happiest time for work is in the night. As to place, I can work well in any climate, and I have destroyed human life and happiness all over the world. Concerning the stages of life in which I am most active, I am competent to attack humanity at any stage between youth and old age. During the ages passed since my discovery by the so-called Scientific School of Medi-

cine, men have erected thousands of monuments to my skill in many directions.

"My use and abuse was disclosed, by a beneficent Creator to one Samuel Hahnemann, who so changed my form, and enchaind my power, as to make me subservient to good instead of evil; to healing instead of destruction. I was then sent forth to suffering humanity, by him, as a power and a specific to a long train of ills.

"My efforts, under Hahnemann's leadership and among his followers, no longer erect monuments to my power, although they are still unsatisfactory in the hands of the Regulars. Since Hahnemann's revelation of the uses and abuses to which I was subjected, I relieve suffering instead of causing greater, and cure many diseases that present definite symptoms for my use.

"I restore memory when it fails, I control delirium with the desire for murder and suicide. So, also, with many symptoms too numerous to be here mentioned.

"I am characteristically cold and feel as if lying or sitting on ice. If I fail to relieve this symptom, consult the effects produced by my friend, *Heloderma*. *Heloderma* also claims to cure all cases of paralysis-agitans that cannot be cured by me.

"I have been associated and combined with many other workers, but, even then, I always assert my individuality. I have excellent Cabinet of counsellors that are compatible. They are *Arsenicum alb.*, *Asafetida*, *Belladonna*, *Calcarea*, *China*, *Hepar*, *Lachesis*, *Nitric acid*, *Phosphorus*, *Pulsatilla*, *Rhus tox.*, *Sepia* and *Sulphur*; but I cannot agree with *Silicia*.

"Now, to learn how much suffering can be cured by me, study the recorded symptoms that have been produced by me upon all the organs and tissues of the human body; it will richly reward you.

"As I am about to depart for a season, tell me something of your experience with me."

Doctor—"During the first ten years of my practice in the Regular School of Medicine, my experience was very sad. My first case was a young man; he succumbed to your effects. My second, was a woman suffering from jaundice. Within a short time your efforts produced one of the worst cases of salivation, that human eyes ever rested upon. In spite of your efforts she recovered. Since the glorious light of the gospel of Hahnemann

dawned upon me, I have not been deceived in your usefulness upon either man or beast."

Dr. Stephen Seward gave a brief epitome of his experience, and some peculiar indications for the use of the various preparations of Mercurius.

"He found that Drs. Allen and Guernsey agreed, that Mercurius Sol.^{cm} was a perfectly miraculous remedy for a diarrhœa accompanied by tenesmus *before, during and after* stool. The diarrhœic stool of Mercurius Sol. is preceded by chilliness and urging, and the chilliness is mingled with flushes of heat. Its diarrhœas and dysenteries art apt to be worse at night. Its stools are of various colors. They had cured *prolapsus ani* with Mercurius Sol. when the prolapsed rectum was black, and irreducible. In the case of a boy, the protruded, irreducible portion of the rectum, sloughed off, and the patient was restored to health.

"In tonsilitis, the profuse, sour perspiration, during the night, without relief; the saliva pouring from the corners of the mouth, and wetting the pillow, are safe guides for the use of this remedy.

"In chronic disease of the liver, growing worse from lying upon the affected side, Mercurius Sol. is often curative. It is, also, often indicated in periostitis. The throbbing toothache caused by crude doses of Mercurius that is worse at night, in bed, is generally removed by *Nitric acid*. Patients, needing Mercurius Sol., are fond of milk and butter. The pains and aches of all of the mercuries, are ameliorated by rest in bed, but aggravated by the heat of the bed. The symptoms of *Ars. alb.* are exactly opposed to these, and are aggravated by rest in bed, and ameliorated by the heat of the bed.

"*Mercurius vivus*.^{cm} having been given every two hours, in a case of severe ophthalmia, produced terrible stinging in the vagina, causing the patient to jump. It was emeliorated by pressing the legs together; by sitting down hard; or by pressing with the hand.

"Patients, having diseased lungs, and needing Mercurius vivus, cannot lie upon the left side. Mercurius vivus produces oily perspiration, pleurodynia, with sensations of soreness in the ribs, aggravated by pressure or percussion, showing its affection of the periosteum of that region. It has cured severe constipation, when the stools were scant, dry and dark, and the condition was

complicated with dyspeptic symptoms and foul odor of the breath. It is highly curative in many cases of ophthalmia, when the movement of the eye-ball is painful.

"It is useful in inflammation of the throat beginning on the left side. The left side continues to be the worst, with swelling of the tonsils and pharynx. This is usually preceded by chilly sensations, soreness of the flesh, fever at night, and pain in the back.

"Those who have worked in mercury for many years, do not take syphilis. The ulcers are flat.

"*Mercurius Corrosivus* is useful in dysentery, where the stools are of fresh blood and mucus, with severe tenesmus; there is, also, severe cutting in the abdomen and rectum.

"*Mercurius iod. flav.* During the frequent occurrence of diphtheria, twenty or twenty-five years ago, *Mercurius iod. flav.* 2d trit., proved a very effectual curative. The attacks were not often severe.

"*Mercurius iod. rub.* is useful when the inflamed tonsils take on the appearance of white spots, "like little islands," (as the proving reads). The trouble is usually worse upon the left; and is worse from swallowing solids or liquids.

"The preparations of *Mercurius vivus*, *Cor.*, *Jod.*, *Sulphur* and *Cinnabaris* have one symptom in common; a pain through the right chest to back."

Dr. Leggett considered *Mercurius* in its various forms, the broadest and most typical anti-syphilitic. She also mentioned a few of the strong indications for its use: the < from sweat; the chilliness before and during stool; the trembling on voluntary motion; the tenesmus after stool; the < of pains and sleeplessness at night; the peculiar desire for filthy food; the peculiar tendency to do and say foolish things; the < made by both heat and cold."

Dr. Brewster—Case I was of dysentery, accompanied by suppression of urine, cured by *Mercurius Cor.*

Case II was a dysentery cured with *Nux* after a four weeks treatment by an old school physician. Thirty doses of *Calomel* had been administered without changing the characteristics of the attack. The patient was reduced to the last extremity, and was exhibiting "sinking spells" because of the mercury. The symptoms were those of scant stool; frequent urging; discharge of mucus about the size of a silver dollar; occasionally of a little

blood; pains about the umbilicus before stool, >by stool. It was a *Nux* case from the beginning.

Case III was a boy—a little fellow—cutting teeth. He would play quietly for a short time, and then howl with the grumbling, aching distress. He was cross, and when asked what was wrong, replied, it was “those old teeth, that’s what’s the matter.” One powder of Mercurius Sol. trit. relieved within half an hour. Cases of deep down, grumbling toothache, especially when the teeth are decayed, are characteristic of Mercurius.

Case IV referred to the consequences following the use of a vulcanized rubber plate with artificial teeth, upon patients sensitive to mercury.

Dr. Brewster wore such a plate ten years, and during the entire period was tormented with rheumatism (?) of the upper arms. Learning the consequences of such a plate in the mouth of the late Mrs. Hawley, wife of Dr. Hawley, and of her relief by its removal, and the substitution of another, he resolved to do the same. He removed the vulcanized plate, and after a short time the rheumatism (?) of the upper arms passed entirely away. He has had good use of his arms ever since.

Dr. Leggett—Case I. A woman of seventy years, having been called a bilious subject all her life, and fed *blue mass* or *calomel* at every attack, presented a case of mercurialization, such as is rarely found.

There were cataracts; there was tremor on voluntary motion; writing as exhibited in paralysis, agitans; lancinating pains throughout the body; terrific neuralgias; profuse and easy perspiration; chill during perspiration; distress during perspiration; indentation of the teeth upon the tongue; loss of a beautiful set of teeth; irritability; tearfulness; sensitiveness; the tremor only on voluntary motion, caused a diagnosis of multiple sclerosis, and pointed to mercury as the cause and the antidote Mercurius^{3m} J., the first perscription, >the conditions, and Mercurius, or some antidote of Mercurius, is always indicated in the exacerbation of the disease, and has made her life comfortable.

Case II was a babe of two weeks in whom the color and consistency of the stool had not changed since birth. The child was losing flesh; had strong urine; red sand on the diaper; with constant straining and pointing of the anus. One dose of Mercurius^{3m} J. cured the condition, and restored a healthful action of the bowel.

Case III was a frequent observation of the fact that patients having received much mercurial treatment, were often subject to pruritis-pudendum.

Case IV was the quotation of a cure made by the late J. G. Schmitt, taken from the *Advance* of April, 1892. The patient, in hasty excited speech went through his usual business routine of *mixing* and *dispensing drinks*. Each time his wife approached the bed, he would "*pull her nose*." Mercurius Sol.^{cm} cured the case.

Case V was a quotation of Dr. Kent's picture of the mental symptoms developed by Mercurius—hasty speech; rapid narration of symptoms, with an abrupt finish

ALOE OR MERCURIUS—WHICH WAS CURATIVE?

HARIDAS CHAKRAVARTI, M. D., SERAMPUR, BENGAL.

The following case is cited not with the object of proving any thing new and marvelous; but simply in order to decide an important point in the selection of the right remedy out of the long list of medicines indicated in one case, on the simillimum of only one or two characteristics.

B. L. S. K., an oilman, aged 46, of robust constitution, and addicted to the habit of opium, had to watch during the illness of his wife and son without taking any heed for his own comforts or health for more than a week. This caused such a violent strain upon his system, that as its consequence he was attacked with diarrhœa on the morning of May 11, 1896, which was also accompanied by fever from the evening of the same day. The fever was preceded by an attack of violent chill, lasting for more than two hours. On the following morning I was called to find him laid up with high fever (temperature 104.6 F.), hard and quick pulse, dryness of the mouth without any marked desire for drink, heaviness in the head and limbs, dry skin with slight chilliness in the open air though covering the body was intolerable, tongue coated yellowish white and greatly aggravated diarrhœa. He had to pass large quantities of yellow, fecal, fluid stools mixed with slime and blood every forty or sixty minutes, even sometimes unnoticed while passing wind. The motions were felt hot in the anus during their passage. Fullness and rumbling in the abdomen before, passing of noisy or noiseless flatus and warm sweat during, and prostration and violent

cutting and burning pain in the rectum after the stools were the coincident symptoms of the diarrhœa. There was no pain, no tenderness, no swelling in the abdomen, though occasional movement of the flatus and loud rumbling were perceived. The character of the stools and concomitant symptoms were so strongly resembling those of *Aloe*, that I determined to give it a chance. But having in many cases found violent aggravation resulting from administration of a lower attenuation of *Aloe*, and having no previous acquaintance with the idiosyncrasis of the patient, I preferred to give it in the thirtieth dilution, with directions to take it every three hours until improvement, when it was to be discontinued.

On the following morning (May 13), I found the temperature reduced to 100 F, and heaviness of the head and limbs gone. The patient having failed to perceive any amelioration of the diarrhœa, had taken the whole of the eight doses I had given him in the last twenty four hours. Thinking that the decline of fever and heaviness was due to some impression made by *Aloe*, I determined to watch its action undisturbed by giving *placebo*.

May 14. Diarrhœa much the same. Sweat during stool, especially confined to forehead, and so profuse that every time the part seemed to have been bathed with it. For the first time I learned this day that his mouth was sweetish and very offensive. These pointed to *Mercurius Viv.*, which accordingly I gave in the sixth dilution, as I have observed there is least fear of aggravation with the lower dilutions, in cases where the medicine bears no strong similarity with the disease, except some relation on pathological basis; in such cases the lower potency acts better. This showed so marked improvement in two days, that the patient thought himself cured, and did not think it necessary to give me another fee.

May 22, 1896. I went to see a case in the house of one of his neighbors, where he happened to be present. On inquiry I was told that still he used to pass two or three hot stools, consisting of thin and yellow fœces every morning and evening with rumbling and passing of flatus. He received *Aloe*²⁰⁰, one dose, and *sac. lac.*, one powder, for the next morning.

May 24. Came to report complete cure of his case.

REMARKS.—*Aloe*, and more especially *Mercurius*, are very often indicated in painful diarrhœas; but they were also required in the painless case just cited, according to demand of the symp-

toms. But the question is whether the improvement following the administration of *Mercurius* was due to its action or that of the *Aloe* previously given. For my part, I hold the improvement was mainly due to the action of *Aloe*, which was indicated from the beginning and *Mercurius*, although it could check the sweat and offensive taste, certainly did nothing more; otherwise further administration of *Aloe* would not have been required to achieve a complete cure. Many young practitioners sometimes fall on several medicines one after another, and at last can not enrich their store of knowledge by ascertaining the really curative medicine they gave. It generally happens as in the present case that the credit is given to *Mercurius* which is due to *Aloe*. In such cases we should patiently watch the action of the first medicine for a sufficient time before giving trial to another. This case also illustrates the difficulty of completely curing a case by a medicine selected simply because it can cause the same disease as far as its pathological name is concerned, with reference to the individual characteristics of the disease. I think better would have been the result and quicker the cure, if I had given *Aloe*²⁰⁰ or higher in my first prescription, following Hahnemann's instruction, "that too strong a dose of medicine, though quite similar to the disease, will necessarily produce injurious effects."

HOW THE GULF IS FILLING UP.

In the years to come the geographies will make no mention of the Gulf of Mexico, but will picture an immense tract of lowland in its stead, the map being probably provided with a foot-note something like this: "Note.—There is a tradition that this level tract of swamp land was once a billowy sea several hundred miles long, embracing all that country between Mexico and Cuba on the west and east and Yucatan and Louisiana on the south and north." This state of affairs is being gradually and surely brought about by the Mississippi and other United States rivers, which annually deposit millions of tons of sediment in the gulf's bottom. Expert hydrographers declare that the Mississippi alone annually deposits mud sufficient in the gulf to cover one square mile of its bottom to a thickness of two hundred and forty feet.
—*St. Louis Republic.*

Clinical Verifications.

CLINICAL CASES.*

ERASTUS E. CASE, HARTFORD, CONN.

COLIC.—BELLADONNA.

A dark-haired man of twenty-one years spent the day in dissipation, drinking lager beer freely. He dined on ham and eggs, lunched on crullers and cheese and took ice cream in the evening. He awoke from sleep at 10 p. m. with colic pain and has had frequent paroxysms of it since then (one and a half hours). During an attack he will bite others if possible, or, failing in that, will set his teeth in his own arm until the blood flows. Three able bodied men have been trying to control him with only partial success. Subjective symptoms cannot be obtained. Objective symptoms, during pain:

1895.

Aug. 25.

Face red.

Eyes shining, pupils widely dilated.

Pains seem to come and go quickly.

*Belladonna*²⁰⁰ B. & T., one powder.

One attack followed, so much less severe that the medicine was not repeated. He rested well afterwards and was at work the next day.

OTITIS.—BELLADONNA.

A black-haired boy of eleven years has had pain in the left ear for two weeks under eclectic treatment. He has been unable to sleep except when under the influence of quieting powders.

1896.

April 3, evening.

Pains stitching, upward, through the internal ear—
better from heat; worse from noise.

Soreness to touch all around the ear.

Swollen cheek in front of the ear.

Face very red.

*Read before the International Hahnemannian Association.

Foul odor from the mouth.

Delirium during sleep and on first awaking.

Fever temperature 103 degrees.

Worse since 3 p. m. to-day.

*Belladonna*²⁰⁰, four powders, one ever three hours until better.

April 4.

He fell asleep within an hour after the first and only powder was taken and rested well. No pain or fever to-day. Careful investigation showed that there had been no discharge from the ear.

SUPPRESSED FOOT-SWEAT.—SILICEA.

A black-haired engineer, aged thirty-six years, single, has had offensive foot-sweat since childhood, which would destroy the texture of stockings and shoes. Six months ago it was suppressed by applications of boracic acid. Since then the feet have been very dry, and although in good health previously, he has been under constant medical treatment. His ailments developed in the following order:

1895.

Dec. 3.

First. Constipation and hæmorrhoids with dyspeptic symptoms.

Second. Pain in the back and lower extremities.

Third. Ulcerated cornea.

Fourth. Dandruff and itching eruption on the skin.

The constipation seems due to a sensitive sphincter which will not permit the stool to pass, although it is neither large nor hard.

The hæmorrhoids are moist, itch in the night, and become sore if rubbed.

The pain in the legs is worse when sitting or standing still, better from continued motion and when warm in bed.

Itching blotches on the body, worse when in bed.

Nervous twitching sensation in the skin.

Trembling sensation in the muscles.

Sleepless until 2 a. m.

Peculiarly sensitive to a draft of air since the foot-sweat was suppressed.

Silicea^{cm} F., one powder.

Dec. 23.

All symptoms better except constipation and hæmorrhoids. Feet sweat a little and are offensive.

No medicine.

1896.

Jan. 23.

Hæmorrhoids better and bowels in good order.

Two weeks ago itching on the inside of the thighs, voluptuous, aggravated when warm in bed; after scratching, bleeding and soreness.

Foot-sweat continues, but less offensive.

No medicine.

Feb. 24.

Hæmorrhoids still itch in the night.

No eruption now except on the feet, especially under the toes.

The feet sweat by day, not at night.

No medicine.

April 25.

The patient is restored to health. The feet sweat, not excessive, and without foul odor. The worst part of this story is that the boracic acid was prescribed by a homœopathic physician who ought not to have been guilty of such malpractice.

PTOSIS.—NITRIC ACID.

A stout, light-haired woman of forty-four years, has had irregular catamenia for five years, but none for eight months.

1895.

Nov. 23.

Subject to vertigo during the climaxis, not at present.

Partial paralysis of right upper eyelid all of the time; worse in the morning and when tired.

Bloated around the eyes.

Margin of lids red, encrusted, burning, agglutinated in the morning.

Lachrymation; worse in the morning and when using the eyes.

Sensation of sand in the eyes.

Awakes in the morning with excessive pain in the vertex, aggravated by the slightest jar; better, or ceases, after rising.

Sleepless before midnight.

Used to have encrusted sores in nares, not recently.

Nitric acid^{cm} F, one powder.

Dec. 7.

Feeling better. One headache only, that one on Dec. 1.
Since the prescription the soles burn at night.
No medicine.

Dec. 26.

Better still.
Burning of soles continues, with itching, at night.
For two weeks itching all over the body.
One headache since last prescription.
No medicine.

1896.

Jan. 16.

No headache in four weeks.
Eyes are well.
The soles continue the same.
Itching of skin is worse.
Faint at stomach and must eat at 11 a. m.

Sulphur^{cm} F., one powder.

Feb. 12.

Vertigo has been troublesome for a week (old symptom).
Sores in nostrils (old symptoms).
Itching of body better, now most troublesome on elbows and feet.
No medicine.

March 18.

Vertigo gone.
No headache in three months.
Itching much better.
Nose continues sore.
No medicine.

April 22.

Reports health perfect.

In this case there was a question whether it were wise to give the *sulphur*. Nature had responded to the *nitric acid* and thrown out an eruption upon the skin and the patient was improving. Generally I would await its action, but *sulphur* symptoms soon followed the administration of the *nitric acid* and became more urgent as time went on. The result was good, but I wish the

opinion of the members of the I. H. A. as to whether the *sulphur* was necessary to the cure of the case.

EPITHELIOMA.—NATRUM MURIATICUM.

A slender, black-haired mechanic, aged forty-seven years.

His mother died from cancer in the stomach. He has had epithelioma nearly two years under eclectic and allopathic treatment. Ointments have been applied daily, and strict injunctions have been given against touching the affected parts with water.

The sore is located upon the bridge of the nose, is three-fourths of an inch in diameter, and covered with a thick, yellowish crust.

The inflamed surface surrounding it and extending onto the cheeks and lower eyelids is of a bluish color and covered with a brownish scurf.

Burning, itching, crawling and picking sensations are felt throughout the affected parts.

He is fond of salt and eats it to excess.

Malaria was suppressed by *quinine* a few months before this disease appeared.

Subject to neuralgic stitches in the left temple.

The palms and soles sweat freely.

Unable to urinate in the presence of others.

1894.

Oct. 22.

Ordered to wash his face carefully and keep it clean, but to put no more ointment upon it.

Natrum muriaticum^{cm} F., one powder.

Nov. 6.

The inflammation increased for a few days, but it is now subsiding.

No medicine.

Dec. 6.

A decided improvement is manifest.

The crust comes off the sore at intervals of from five to ten days and bloody matter escapes.

Burning sensation in it when uncovered.

No medicine.

Dec. 31.

Sore smaller.

Thinner crusts are formed over it.

Surrounding inflammation gone.

No medicine.

1895.

Jan. 29.

Sore now two-thirds the size at first prescription and improvement seems to have ceased.

Natrum muriaticum^{5cm} F., one powder.

Feb. 12.

Improving.

No medicine.

March 18.

Since the last prescription he gave the sore a hard rubbing in the night, increasing the inflammation.

Natrum muriaticum^{mm} F., one powder.

May 1.

The present crust has covered the sore for three weeks and is not very thick.

No medicine.

July 10.

His grandson cut the sore open with the edge of his hat brim on July 4th and more inflammation in it.

No medicine.

Sept. 16.

Sore smaller; some burning in it.

Natrum muriaticum^{mm} F., one powder.

Nov. 1.

Better; no burning now.

No medicine.

Dec. 10.

The sore is now a quarter of an inch in diameter.

A thin, light brown crust covers a raw, moist surface.

General health good.

The nervous inability to micturate in the presence of others is gone.

Thuja^{cm} F., one powder.

1896.

Jan. 23.

A dry crust only one-eighth of an inch in diameter remains.

No medicine.

March 28.

The nose is now healed and is natural in appearance except that the blood vessels are visible on the scar.

LARYNGISMUS STRIDULUS.—LACHESIS.

While attending the I. H. A. meeting at Watch Hill in 1890, Dr. Fincke presented me with a vial of *Lachesis*^{12mm}, with the request to try it and see if any curative power still remained in that high potency. On the second day of the following September, a boy of two years was brought to the office, who had been afflicted with spasm of the glottis for ten days, the attacks increasing from day to day in frequency and severity. Soon after falling asleep, whether by night or day, he is awakened by a paroxysm. They occur at no other time. No symptom save the time of aggravation was prominent. Here was a good opportunity to test *Lachesis*^{12mm}, and a few pellets of it were placed on his tongue. There were two more attacks that day and none afterward. That potency has been used several times since then, always with good results.

GANGRENA ORIS.—KALI MURIATICUM.

A dark-haired girl of eight years has suffered with gangrene of the mouth for five days, under the care of an allopathic physician.

The ulceration covers the gums and inside of the cheeks. Tongue ulcerated; so swollen that it protrudes from the mouth.

Saliva profuse; flowing from the mouth.

Fetor of breath intolerable.

A bluish tint on the skin shows blood disintegration.

Sleeplessness.

Exhaustion.

In earlier practice, cases of this disease were cured by teaspoonful doses of an aqueous solution of *Kali muriaticum* crystals. In this critical condition, the first of the kind since adopting pure homœopathy, there was a temptation to go back to old methods. Then the question arose,—If the high potency can cure diphtheria better than the low, why should it not be efficient here also?

1895.

Aug. 25.

*Kali muriaticum*²⁰⁰ B. & T., four powders, one every three hours.

The patient was better the next day, and the mouth was healed in a week without further medication. The recovery was more rapid than I had ever seen under the influence of the crude drug.

RENAL COLIC.—LYCOPODIUM.

At 4:30 a. m., April 8, 1896, a man awoke from sleep with a disagreeable sensation in the left side of the abdomen and faint sickness in the stomach. While wondering what was disturbing his anatomy in so unusual a manner, the cause was declared by a cutting pain in the region of the left kidney, the pain extending to the left testicle and to the glans, accompanied by a burning pain in the meatus, like an ineffectual desire for micturition. This soon caused a flow of cold perspiration, especially upon the forehead and lower extremities, together with great nausea. Although a man of fortitude, he groaned aloud because of the severity of suffering. Renal colic was recognized, and inasmuch as the patient was ordinarily troubled with flatulency, he received one powder *Lycopodium*^{10m} F.

The pain was soon relieved, leaving a sensation of pressure in the kidney, with an occasional twinge of pain, each arising from a point nearer the bladder than its predecessor. At the end of half an hour from its onset, the trouble was ended and the patient asleep. He attended to business on the following day with no reminder of the early morning experience.

"This is the disciple (of Hahnemann) which testifieth of these things and wrote these things, and we know that his testimony is true;" and it giveth him great joy to proclaim openly the wonderful anodyne quality of the dynamized homœopathic remedy.

A process has been patented in Germany for making a substitute for the natural skin for use in wounds. The muscular coating of the intestines of animals is divested of mucous membrane, and then treated in a pepsin solution until the muscular fibers are half digested. After a second treatment with tannin and gallic acid, a tissue is produced which can take the place of the natural skin, and which, when laid on the wound, is entirely absorbed during the healing process.

Institutes of Medicine.

WHAT IS THE LAW OF CURE?

STUART CLOSE, M. D., BROOKLYN, N. Y.

"Now, since causes and things caused are similar to each other, although they differ in degree and dimension, it follows that nature is similar to herself, and cannot be different in the larger system or elementary kingdom from what she is in the lesser—in the macrocosm from what she is in the microcosm; in a volume from what she is in a particle; hence in the elementary particle may be seen the quality of the volume, and in the volume the quality of the particle." —(Swedenborg, *Principia*, Clissold's translation, London, 1845. Preface, p. XIV).

The formula *Similia Similibus Curantur* is commonly accepted by the homœopathic world as the statement of what is termed the law of cure. Perhaps no other claim in the domain of medical thought has caused as much discussion and dissension as this.

The scientific world, while acknowledging largely the cures resulting from homœopathic treatment, has yet failed or refused to accept the formula as the statement of law, possibly because it fails to see its relation to other accepted laws. If it is a law it must be related to and harmonious with other known laws. The homœopathic school must not only answer the question "What is the law of cure," but it must be thought out and expressed in the current language of scientific thought before it will be accorded its rightful position in the world of science.

If the formula *Similia Similibus Curantur* is not a sufficient statement, and if its acceptance depends upon demonstrating its relation to, or identity with some other known and generally accepted law, in what direction are we to look?

Hahnemann's use of the terms "life-force," "vital force," "the spiritually dynamic power of the exciting causes of diseases," "the life which is only dynamically deranged," "dynamic derangements of our spirit-like vital principle in sensation and function," "dynamis," "primary action," "secondary action," "re-action of the vital force," as well as many other words and phrases, all make it evident, both directly and suggestively, that we have to deal with a problem in Dynamics.

The science of Dynamics deals with bodies or matter in motion. It is "(1), the science that treats of the laws of force, whether producing equilibrium or motion; in this sense including both statics and kinetics. (2), the forces producing or governing activity or movement of any kind; also the methods of such activity."

Hahnemann's use of the above quoted words and phrases introduce us at once into the realm of primal force, and necessitates a consideration of the nature and phenomena of force, and the laws according to which it acts.

Man is a spiritual being. Man is not a physical being possessing a spirit, but he is a spiritual being possessing a physical organism, which serves to give embodiment, individuality, personality to the indwelling spirit, and to bring him into relation with other embodied and individualized spirits, and with the universe about him.

Man, as a living being, possesses organs, functions, sensations, consciousness. Functions are organic activities, motions, proceeding under the impulse of life or vital force. Whatever influences these organs and functions, therefore, must do so under the operation of the laws of motion.

The laws of motion are the fundamental laws of the universe, as they are of life, and operate on all planes and in all spheres. Man stands in vital relations with the universe, the microcosmus with the macrocosmus.

The relation of the interior spiritual man—the real man—with his material organism, as well as of that organism to other organisms and to the material universe must be through the mediation of these eternal laws.

It is impossible to separate the conceptions of life and motion. They are parts of the same whole. Gradually there is coming into the scientific mind the momentous, the stupendous conception, that the only supreme, universal, eternal energy is Living Energy; that all manifestations of force, static or dynamic, are but different forms or modes of expression of the one, primal, creative and absolute Life Force of the universe.

The idea or conception of life includes that of motion and is inseparable from it. The idea of force is inseparable from that of motion. Life, or force, and motion exist in the relation of cause and effect. Motion is the result of the application of

force. In the last analysis life and force are identical in meaning and existence.

Wherever there is life there is motion. Life manifests itself in motion and is the sole cause of motion. Wherever there is motion there is life, startling as may be the thought. This is not an attempt at stating a syllogism, but an axiom.

Matter is but the embodiment, the vehicle, the garment of force and is eternally in a condition of change, of flux. Matter is in a constant condition of transformation, as its embodied force is transferred to other forms. Transformation proceeds through an infinite series of degrees, from the lowest so-called inanimate or inorganic forms, to the highest organism. The steps or gradations may be roughly traced, for the sake of the illustration, from the molecule of Silica in the mineral world, which is appropriated and assimilated by the blade of grass in the vegetable world next above it. By the chemistry of life the inorganic becomes the organic. The blade of grass is plucked and eaten by the ox, and by him, through the chemico-vital processes of digestion and assimilation, is raised from the vegetable to the animal plane. In course of time the ox becomes good wholesome beef, upon which man dines, thus raising the molecule of Silica to the rational human plane. The potency of the Silica is contained in each organism as it is raised from the lowest to the highest.

All these progressions are actions, motions, and proceed according to the universal laws of motion.

The pebble on the seashore, said to be "at rest," is as much under the same laws as the living, breathing, conscious man who carelessly picks it up as he idles away a summer day. We say the pebble is at rest, is inert, is dead. But is it? What is the pebble but an aggregation of a vast number of minute particles, held together and maintaining its identity and form by a force that we call cohesion, and occupying a position in space under the operation of another force called gravitation? The ideas of force and motion cannot be separated. We cannot predicate rest, in the absolute sense, of force. The pebble is a little world of activity, of motion within itself. Between the molecules which compose it, as demonstrated by the microscope, are spaces vastly larger than the molecules themselves. Within these spaces the molecules are in a constant state of vibration. The vibration is the manifestation of the cohesive force which

binds them together. The operations of force within the pebble proceed according to the laws of motion.

The same is true of every stage or gradation of progress from the inorganic to the organic, from matter up to spirit, and from spirit down to matter. There is but the one force, in an infinite variety of gradations, manifestations and embodiments.

In the absolute sense there is no rest. What is called so relates only to form, to mass, to externals. Within, all is motion, activity. The interior world is in a constant and eternal state of vibration.

Equilibrium is only seeming. It is a figure of speech, a metaphysical abstraction for the convenience of thinking. In the last analysis, vibration exists in equilibrium, but in an infinitely small degree.

The last, most significant and far-reaching achievement of modern scientific thought is the conception of the Infinitesimal, and the recognition of its mediating power in the universe. The conception of the Infinite is as old as the human thought. The Infinitesimal is new born into the world, and Homœopathy stands sponsor for it.

For many years the statement of the law of mutual action as formulated by Newton was accepted as complete and final. "Action and re-action are equal and contrary," said the great philosopher. To this point his investigation had led him, but he could not rest there. Contemplating the effects of force visible in the rhythmic and unceasing motion of the heavenly bodies throughout the solar system, he was led to speculate as to beginnings. How could this stupendous system have been started on its never-ending course? How vast must have been the initial impulse! Before this problem his intellect staggered. His imagination could only picture it as a *shock* of unimaginable extent and power.

It was reserved for the great French philosopher, Maupertuis, to form the true and rational conception. This was done through the discovering of the Law of the Least Quantity of Action, or the Law of Thrift, as named by others.

As stated by the discoverer it is as follows: "The quantity of action necessary to effect any change in nature is the least possible."

Prof. Pierce says: "This great proposition which was announced by its illustrious author with the seriousness and rever-

ence of a true philosopher, is the more remarkable that, derived from purely metaphysical doctrines, and taken in combination with the Law of Power, which likewise reposes directly upon a metaphysical basis, it leads at once to the usual form of the dynamical equations." (*Analytical Mechanics*, Boston, 1855, p. 416).

Dr. Fincke, in his profound and masterly work on *High Potencies and Homœopathics*, points out this significant fact: "According to this general principle, the decisive moment is always a minimum, an infinitesimal."

He further comments as follows: "On the strength of action and re-action alone it is not conceivable, by Newton's *Law of Motion*, how a body could move at all. But we deduce from Maupertuis' demonstrations of the Least Quantity of Action, that action and re-action themselves are affected by the Least Plus, (increment) being added to the mutual action on either the positive or negative side.

"This Least Plus, the Plus per se, is essentially an infinitesimal quantity, and is always the minimum of the given action.

"Hence, when action takes place, the equilibrium of the moving body must be disturbed by some force, and that on close examination, appears to be only the last term of an infinite increasing series of prior actions and re-actions, or equalizations of mutual actions.

"Thus it is that no equilibrium ever presents itself in reality, but what presents itself at the moment of observation is, actually, the Least Plus, which runs eternally in a perpetual flux, through all things mediating the motion of all things, great and small. The equation of action and re-action is, strictly, only a psychological fact, an abstraction, furnishing the means for assigning to the flowing quantities (Newton's *Fluxions*) a calculable limit which, in reality, nowhere exists."

Thus motion is eternal, and for Newton's terrific shock we substitute the conception of an infinitesimal manifestation of power on the part of Deity.

With the created universe complete and at rest, in absolute equilibrium, a breath could have started it into motion!

The progression from one form or grade of life to another is always by means of the infinitesimal. The process is a potentiation, or dynamization. Physically considered, it is a transference of energy from one body to another, through the medium of an

inert vehicle. The result is an assimilation of the lower by the higher. This takes place under the laws of motion, Proportionality and Mutual Action, and is true of all changes and actions whatsoever. It is true of the healing process, where a state of discord—disease—is changed into harmony—health.

Homœopathy, as a system of healing based upon the law of cure, must be related to these universal laws. Such relations must be capable of demonstration, theoretically as well as practically. That it is the true art of healing is practically demonstrated by every proving and every cure.

A brief consideration of Hahnemann's philosophy of health and disease will be necessary.

Hahnemann defines health as that state or condition of man in which "the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious vital operation, as regards both sensations and functions, so that our reason-gifted mind can freely employ this living healthy instrument for the higher purposes of our existence. (*Organon*, Section 9, Dudgeon's translation).

"The material organism, without the vital force, is capable of no sensation, no functions, no self-preservation." (Section 10).

Diseases are defined as "nothing more than alternations of the state of health of the healthy individual, which express themselves by morbid signs." (Section 19).

"Disease depends only on a peculiar morbid derangement of our vital force in sensations and functions." (Section 29).

"Disease is most surely, radically, rapidly and permanently annihilated and removed only by a medicine capable of producing (in the human system), in the most similar and complete manner the totality of its symptoms, which at the same time are stronger than the disease." (Section 27).

It is quite evident in these paragraphs that Hahnemann places the question as to the nature of disease and its cure in the sphere of dynamics.

Hahnemann's formula, "Similia Similibus Curantur," is but a statement in different words of Newton's third Law of Motion.

This has been pointed out and demonstrated by Dr. Fincke in the following words:

"The curative action of homœopathic remedies consists in the mutual action of remedy and organism; that is, of the drug in

its proper selection and application, and of the organism in its actual state and susceptibility.

"Mutual Action consists of action and re-action, and they are always contrary and equal under the third Newtonian law.

"Nothing in the world moves or has its being except under the universal principle of Assimilation, underlying the universal principle of Gravitation.

"Sir Isaac Newton's law of motion, 'action and re-action are equal and contrary,' finds its proper application in the science and art of healing by adding to Hahnemann's original formula, '*Similia Similibus*' the copula '*Curantur*.'"

And again: "Referring to the law of motion, it might be objected that the word 'equal' has nothing in common with '*Simile*' in Homœopathics. But a little reflection will show their intimate relation. *The Simile belongs to a series, the highest degree of which, the Simillimum, can be nothing else than the 'equal' of Newton.* No two things or actions can be the same, but only equal, as they are more or less similar and attain to the highest degree as *simillima*."

If any doubt existed that this was not clear to Hahnemann, it should be dispelled by reading the closing words of Vol. 1, of the *Chronic Diseases*, as translated by Prof. Tafel, and recently published by Bœricke and Tafel.

"Thus potentized and modified also, the itch substance (*Psorin*) when taken, is no more an *idem* (same) with the crude original itch substance, but only a *simillimum* (thing most similar). *For between IDEM and SIMILLIMUM there is no intermediate for anyone who can think; or, in other words, between idem and simile, only simillimum can be intermediate. Isopathic and æquale are equivocal expressions, which if they should signify anything reliable, can only signify simillimum because they are not idem.*"

How nearly did the immortal Hahnemann come to stating his law in the very words of Newton! He distinctly says that the *æquale* (of Newton) is identical with the homœopathic *simillimum*!

What can be clearer? The "*Similia Similibus Curantur*." of Hahnemann corresponds to the "action and re action are equal and contrary" of Newton.

Equality is only the highest degree of similitude. *Simillimum* is not *Idem*. Two things may be equal—that is, similar in the highest degree—but they can never be the same.

Action and re-action are *simillima*—that is, similar in the highest degree in character—but opposite in direction.

To state the Hahnemannian principle fully in the Newtonian form it would be "*Simillimum* and Symptom-totality are equal and contrary." The terms of law must be absolute, its ideal perfect. Such are the terms *Simillimum* and Symptom-totality. Practically we may be obliged often to content ourselves with a *simile* as to remedy, and with something less than the totality of the Symptoms for comparison.

The idea of comparison involves the conception of an infinite series of degrees of similarity from the lowest to the highest, ending in quality, than which there can be no greater similarity.

It is fortunate for us, from a practical standpoint, that this is true. If the cure of the sick depended upon our always finding the *simillimum*, we should be in a very uncomfortable position. Only a master can find the *simillimum*. The tyro can select a *simile* and help his patient. Between the tyro and the master are as many degrees of skill as there are degrees of similarity between the remedies they choose for a given case.

"Hahnemann, though giving no definition of *Simile*, says decidedly and repeatedly that symptoms of disease are healed by remedies which can produce similar symptoms in the healthy. It follows that the more similar the symptoms are, the greater will be the chance of healing, and consequently that the most similar, the *Simillimum*, or the equal, must be the most successful in restoring the sick."

The identity of the Hahnemannian "Law of Cure" with the Newtonian "Law of Mutual Action" is a conception which comes with all the power of a revelation. It immensely broadens its field of application and usefulness. It is confined no longer to merely treating the sick with drugs, but becomes applicable in all spheres where remedial measures are to be employed for the correction of existing wrongs. If any evil is to be corrected, any wrong righted, political, ethical, social, or medical, and the cure is to be radical and permanent, it will only be accomplished by a method in accordance with this principle.

Once ground the healing art upon the eternal and universal laws of motion, under which proceed every activity in the universe, and it becomes the Art of Arts. Masters of that art stand free, in that liberty which comes from a realization of THE TRUTH in one's own being.

The subject might be dropped here, but for the sake of the interest in the matter, a few suggestions may be made as to the extension of the principle into other than medical fields.

Hahnemann has suggested this in several passages. The application of rubbing and pressure to a swollen bruise; of frozen sour crout to a frozen limb; of radiant heat to a burnt member, he significantly calls "a sort of physical Homœopathy."

He draws many illustrations from nature of the universality of the principle, as where he cites the vanishing of the brilliant Jupiter under the influence of the greater light of the sun upon the eye, etc.

His directions as to the psychical treatment of those afflicted with mental and emotional disease, and of the insane, contained in Sections 228 and 229, and especially in Section 229, where he says: "The physician and keeper must always pretend to believe them to be possessed of reason," might be called a kind of Homœopathic "Metaphysical" or "Mental Healing." It proceeds on the assumption of the truth of *Similia*, that likes produce and cure likes, mediately or immediately, on all planes.

Thought, in its sphere, has as much healing potency as a medicine, if properly directed and applied under this principle. With a CM. or Millionth potency in mind, who will attempt to draw the line between force and matter, between thoughts and things. Thoughts become things through the mediating influence of an Infinitesimal.

There is no difficulty about "Mental Healing," "Metaphysical Healing," "Faith Healing," or any other kind of healing if viewed from the proper standpoint. That standpoint is the Hahnemannian philosophy.

These cures all proceed under easily definable physiological, psychological, and spiritual laws. The Hahnemannian philosophy explains the cures made by these, and all other methods by showing that the principle of Mutual Action underlies them all. This is true of all genuine cures, under all methods, in all spheres.

Agreeing with thine adversary quickly, going two miles with one who compels you to go one, turning the other cheek to one who has smitten you, giving your cloak to one who has taken your coat, resisting not evil (contentiously), returning good for evil, *arousing into activity the Healing Power of Life, by awakening expectant attention, confidence and faith*, are a few illustrations

of the application of this principle by the greatest Homœopathian of all the ages, the lowly Nazarene, the Lord of Life and Saviour of the World.

Evil is relative, not absolute, as the matter of a drug is relative to a living organism. The remedy though similar, must be potentized, raised to the same plane of existence and being as that of the organism in which it is to be applied, otherwise it awakens a re-action so violent as to be worse than the disease.

To apply, or "return" evil for evil, is to give a massive dose of a crude and poisonous drug. Moreover, it is like prescribing for a fictitious pathological entity diagnosed—Evil.

As such it does not exist. "Disease is only an altered state of health in a healthy man," says Hahnemann.

The real man, the interior spiritual man, is not evil but good, a child of God, made in the image and likeness of God, and containing the potentiality of a perfect being, under right conditions, as the acorn potentially contains the oak. Do good to man, and the essential good in his nature responds to it. Like begets like, (and cures). Oppose, resist the evil, in the spirit of contention, and the result is an aggravation, more evil and worse. Again the law holds good. Like begets like, (provings and aggravations).

That evil is only relative is shown frequently by the working out of so-called evil into good, by a process of spiritual potentiation.

Ultimate Force can be nothing else than the expression of Infinite Will, of OMNIPOTENCE.

Will is an attribute of mind, of mentality, of intelligence. It is the faculty by which a rational mind makes choice of a certain end of action, and determines to direct its energies to the accomplishment of that end.

Infinite Will can only be an attribute of Infinite Mind, of OMNISCIENCE.

The sphere of operation of Infinite Mind and Will must be universal—OMNIPRESENCE.

Reverently we sum it all up in one word—GOD. God is Good, with one letter left out to make it easier for man to spell. And thus in the idea of God as Good, we come to the conception of Love and again we stand beside the man of Galilee and say GOD IS LOVE, and LOVE IS GOD.

To this point the philosophy of Hahnemann brings us. It

proclaims that Spirit is all and in all; that God is Spirit and Spirit is God. It traces all activity, all motion, all existence to that "infinite and eternal energy" which is in God and which is God. It proclaims anew in the world of science that in Him we, and all things, live and move and have our being, and that this life and motion and being are one and inseparable.

There is but one life, universal, eternal. From the atom to immensity, from the molecule to man, one life permeates the whole, in an infinite unbroken series of degrees.

Life responds only to the touch of life. Where there is no life is no existence, no change, no matter, no motion.

Life cannot assimilate death. They are opposites, and can never come any nearer to each other than to be opposites. Darkness can never become light. A lie can never become truth. Between these is a great gulf fixed.

If the inherent forces which bind the molecules of Silica together, and the resulting bit of stone to its place on the seashore were not living forces (I do not say the pebble lives, but that the forces which bind its atoms together and give it individuality are *living forces*), from the infinite and eternal living source of all life and force, neither the blade of grass, the ox or the man could assimilate it in the various steps of its elevation, nor would the sick organism respond to our high potency of Silicia.

The progression in the manifestation of life from the so-called inanimate to the animate, from the molecule to consciousness, and from consciousness to Omniscience, is continuous and unbroken, eternally rising in an unbroken series of degrees until "God shall be All in All."

The only life is Spirit, and Spirit is God, Omniscient, Omnipotent, Omnipresent. Therefore all progressions, all manifestations, proceed intelligently and in an orderly manner. There are no mistakes, no halts, no falls, no breaks in the chain from the beginning to the end. There are no "missing links" when our eyes are opened on the Spiritual plane, but a divine unity, a heavenly harmony.

As man comes to recognize his divine birthright, and to identify the spirit within himself with the Infinite and Eternal Spirit whose offspring he is, and of which he is a personalized embodiment, he comes into harmony with the divine order of things. This is the NEW BIRTH by which he is raised from the physical and sensuous plane to the divine and spiritual plane. In pro-

portion as he realizes this, discords, disease and death flee away.

Life begets life. It does not beget death, nor any dead thing. If God lives, all lives, according to its plane or grade of existence. "There is no death. What seems so is transition." It is only change of form and condition, motion, flux.

"To be carnally minded is death." That is the true definition. The only death is to be in that state of mind which refuses to see the Truth and clings to a delusion.

Light, Truth, Love shall prevail, and "There shall be no more death, neither sorrow or crying, neither shall there be any more pain, for the former things are passed away!"

DISCUSSION.

Dr. Biegler—It is not becoming me to say anything at present for, as I said down stairs, I am a Dutchman and it takes me a long time to come to a conclusion and to frame my mind for expression, but this paper confirms a belief which I have had for a great while, and, I believe, it has not come to me from studying philosophy at all, but from experience. The theories which we recognize and deal with and which we believe in I have always believed to be based on laws emanating from the Creator and being the Creator's word. So much so that when I handle my vials of remedies I handle them with reverence, and I feel indignant when the physician deals with them as he does with crude matter. For years this has been my firm belief and conviction, but which I have never expressed before, and now feel that it has been expressed for the first time as I have wished to have it done. There were some questions which arose in my mind when the doctor spoke of "ultimate force," and it strikes me that it might better be called "original force," as I understand "ultimate force" is not primary force. I hope that I am not mistaken, and if I am not mistaken that it may be corrected.

Then I do not understand that action and re-action being equal, can provoke anything but inaction, but the doctor explains that the minute force, or the "least plus" comes in to establish a motion and that the Newtonian Law is simply expressed in that way, but if that is the case, I cannot subscribe to the Newtonian theory, as furnishing an explanation for the action of potentized remedies, as in their action we do not observe equality with the life force—the *strongest* force prevails. See *Organon*, paragraph 26.

Dr. Kennedy—I do not know that I can make the matter any clearer, only as it occurred to me while the doctor was reading. We say action and re-action are equal, and theoretically this is true, but practically it never exists for the “least plus” is sufficient to produce motion and hence we have not death but life.

Dr. Biegler—Then they are not equal but in death.

Dr. Close—There is no death. It seems to me that the Newtonian statement is as nearly complete for practical purposes as it can be made. When we deal with it further we are obliged to explain by adding the “least plus.” Just so in our Hahnemannian formula, it stands as a bare statement. To make it practical we must add the conception of the high potency.

Dr. Biegler—That is well but if everything is equal there is no motion; therefore I do not see that the Newtonian theory will carry us out. There must be something besides equality to produce action, the least plus is not equality.

Dr. Close—In order to theorize upon some subjects we must assume a state or condition which does not actually exist, as a starting point for thought. Equilibrium is that necessary starting point. It is necessary to enable us to form the further conception of motion. We can form no idea of motion without the corresponding idea of rest. Action and re-action are equal and contrary, but there is a point of time at which force must be applied in order to start motion.

Equilibrium being perfect, the amount of force necessary is the least conceivable, an infinitesimal. Once started, action and re-action being exactly equal, continue forever.

Dr. Davis—It seems to me that just as soon as we get actual rest or no motion—no vibration—everything would fall to pieces. That would be death.

The pebble on the beach owes its existence as a pebble to the vibration of its atoms. If that vibration should cease it would fall to pieces; there would be no pebble there. This motion is the life of the pebble. The pebble is a form, a body, because of this vibration. Life is motion, Heat is motion,—anything we see has a motion or vibration which is its life. This “least plus” may be all that keeps up this motion.

Dr. Biegler—I may be thick-headed, but I cannot accept the explanation of motion. It is not the primary moving power. Motion is the result of force or will, however you may express it. Force, I believe, as I said before, to emanate from one or

primary cause. I do not like the word "motion" there. I do not like the explanation that motion is life. I think it is better expressed by the word "force," but, nevertheless, it is the only way we can recognize life. It is force that causes motion but we do not recognize it except as a motion, because if everything was at a rest it would fall to pieces; that force is the life of motion and is expressed to us by "motion."

Dr. Kimball—It seems necessary in order to make the sections in the Declaration of Principles clear and satisfactory, that some mention should be made in regard to the action of the "least plus," but whether it is advisable or not is a question to be considered when the amendments relating to these sections are brought before the society.

Dr. Kennedy—The further I look at it the more it seems to me that in the concrete, in the specific, in the practical, and as a matter of fact, we would find the "least plus," but I do not know but that the doctor intended to convey this idea. As he stated, action and re-action are equal, and this implies rest, equilibrium; but if *rest*, also its opposite, *motion*. If we have one we must have the other, and the one becomes the other by the application of the "least plus."

Dr. Close—Perhaps the demands of the question may be met by stating that section in this way:

"Action and re-action are equal and contrary, but controlled by and resulting from the application, on the positive or negative side, of the least plus, which is an infinitesimal quantity."

Action is motion; re-action is motion. We forget that equilibrium is a necessary condition for motion.

Dr. Biegler—The explanation that equilibrium results from the "least plus," I cannot understand.

Dr. Close—As motion they result from the application of the "least plus" on the positive or negative side. The "least plus" is just the infinitesimal difference.

Dr. Thurston—I wish to thank Dr. Close for his most excellent paper. I enjoyed every part of it. In our discussion, let us not confound the terms "Life" and "Motion." They are not synonymous. They stand, rather, in the relation of cause and effect. Life is the origin of motion, expresses itself in motion, and motion always indicates the presence of life. With all respect for my friend, I am unable to accept the so-called "Newtonian law of motion," as an equivalent expression for, or explana-

tion of, the Hahnemannian formula. The law of "mutual action" is, to my mind, wholly inapplicable to the principle underlying *Similia Similibus Curantur*, which, in my opinion, results from the operation of another and higher law.

Dr. Biegler—It is difficult, Dr. Close, for me to make up my mind at present in regard to the theories which you have set before us as being founded on the Newtonian Law of Motion. In some way, I object to that expression of motion in our Declaration of Principles; my way would be to simply declare that the Law of Similars is a natural law; if we go beyond that we cannot rest it upon the Newtonian Theory; beyond that we cannot make the world appreciate it, and it seems to me that, for the present, it is better not to go so far, but simply declare it to be a natural law.

Dr. Close—The Newtonian Theory or expression, or the so-called Law of Motion, is universally accepted in the world of science. It is recognized by the most materialistic philosophers, so far as I am informed in philosophy, as the law controlling the action of all forces throughout the universe. I do not know that anybody has denied the validity of that statement. It is a marvel to me, with the general conception of the Law of Motion, how the materialistic philosophers can accept the Newtonian Theory if they see what it involves. They say everything is a mode of motion, but they do not say who or what makes motion. They admit the validity of the law, and they attempt to proclaim that everything that goes on in this universe is subject to that law. There is not a sphere in which it cannot be applied and in which it is not applied. Now, inasmuch as this is true, and the principles of the Newtonian Theory are so generally accepted and recognized, it seems to me very important to show, if possible, the agreement of Newton with Hahnemann in this universally accepted law. They may not see what that involves any more than what the Newtonian Law involves, but if we can show that the formula *Similia Similibus Curantur* is only a statement in different terms of the Newtonian third law of motion, which they accept and apply in other fields, then we will gain that much, and I want some expression on that point in our Declaration of Principles. When philosophical minds of that type see the point they will be prepared to listen more respectfully to our claims, and the way is open for progress. Now, if we can show them that, we shall have gained something, and shall have gained the attention of the scientific world.

I would like to ask Dr. Biegler if he objects to the term "mutual action?"

Dr. Biegler—No.

Dr. Close—Then let me call your attention to the fact that the expression "Law of Motion" is only a name, a descriptive title applied to Newton's expression of a certain principle. The principle is the principle of Mutual Action. You need not insert the word "motion" at all if you so choose. Put quotation marks around the "law of motion" and you get the idea I try to express. The name is not important.

Dr. Biegler—Then there must be a further explanation to show that the Law of Similars means the application of similar force or mutual force, whatever you may call it.

Dr. Close—I would like the privilege of copying a section for you to look over for a little. We all know personally that after a long period of study or reflection on a certain thing we know it, but we forget sometimes, when we try to explain it to others, that they may not have had the time to study the matter as we ourselves have done, and therefore do not see it as clearly as we do. Now, it is so with the definition of the principle which underlies Hahnemannianism and the Law of Motion, so-called. The principle which underlies them both is the Law of Mutual Action, which consists of action and re-action, and action and re-action can only take place when force is applied. The force must be applied on one or the other side. The amount of the force required is the least possible. We must conceive in the beginning a state of equilibrium; this is the point of starting; begin at that end of it; begin by conceiving perfect equilibrium and do not confuse or confound the words "Law of Motion" with the principle itself, which is Mutual Action.

Dr. Kimball—Is it not a debatable question whether it is worth our while to convince the so-called atheistical world of our convictions upon this matter? If we convince them, what is the result? It is the effect upon the unphilosophical world that will show results.

Dr. Close—I ought to be suppressed as I have been talking too much, but I want to remind the doctor that we are not concerned, but in the very smallest degree, how the atheistical world regards this action. If, by any means, we can convey the truth we are doing good, and it makes no difference whether it interests the atheistical world or not. The promulgation of the truth

through any medium whatever is good and healthful, but we gain or secure nothing in lucidity or clearness unless we make more clear than they are at present the principles that have been demonstrated so long. We have demonstrated them for a hundred years, and we shall continue to do so for another hundred years, but it would be clearer if these fundamental principles were discussed in the light of the Newtonian law. We want to make this thing more comprehensible for ordinary people. We want to get them to see that the basis upon which we stand is the basis of accepted scientific truth, which they do not now realize, and that can only be done by discussion of principles. It is just as much a part of our duties as the cure of disease. It is just as necessary that we should preach the truth, as it is that we should practice it.

Upon motion the amendment was referred to a committee consisting of Drs. Close, Kennedy, Sawyer, Biegler and Thurston to report later at the meeting.

THE SUBTLE POISON IN AMALGAM FILLINGS.*

CHARLES H. TAFT, A. B., D. M. D., BOSTON, MASS.

Probably for no greater thing will the nineteenth century of our country's history be distinguished than for the remarkable progress which has been made in every department of scientific research.

Climatic conditions, as well as those of race and heredity, have served as a certain stimulus for the acquirement of knowledge; and it is fair to presume that in the years which are to come there will always be a peculiar fascination to a large proportion of the masses of the people in doing their part towards the up-building of that "Temple of Solomon," the end of which, to quote the words of Bacon, "is the knowledge of causes and of the secret notions of things, and the enlarging of the bounds of human empire to the effecting of all things possible."

In but few other departments of scientific investigation is there daily manifested greater activity and progress than in medicine and all specialties of the healing art. Such an exquisitely perfect and so wonderfully constructed a mechanism as is the human body cannot fail to command both a reverence for its divine Maker and an earnest desire, on the part of all who make its

*Kansas State Homœopathic Medical Society, 1896.

study their life work, to understand the workings of its every part both in health and disease.

Truly may all who begin the study of medicine take to heart at the beginning of their professional careers the words of one of the greatest masters of the healing art the world has ever known:

“When we have to do with an art, one of whose ends is the saving of human life, any neglect to make ourselves thorough masters of it becomes a crime.”

Nothing can be dearer to the heart of the earnest and conscientious scientific investigator than the discovery of truth; and every effort which has for its object the accomplishment of this end should receive the heartiest support and encouragement.

It often happens that a new thought, a new idea or a new fact, no matter how great an element of truth it may contain, meets with nothing but ridicule when first given out to the world.

We have but to call to mind the discovery of the telescope and how tenaciously the falsities and absurdities of the old geocentric theory were adhered to before it was proved beyond the shadow of a doubt that the Copernican theory was the only correct one and the one upon which all modern astronomical calculations have since come to be based.

We have seen, too, in our own enlightened day, the same determined opposition and ridicule meted out with a liberal hand upon all those who have had, and who still have, the courage to practice medicine in accordance with a now universally established and scientific law of cure, and, in like manner, have seen this opposition growing less bitter and less effective as the great fundamental principles upon which medicine must be taught and practiced as a science (if it is to be seriously considered as a science) have come to be better appreciated and understood.

The laymen who is sick and in need of a physician can have but little interest in the bitter controversies which have been and which to some extent are still being waged between practitioners of both the two great schools of medicine concerning—for example, the size of the dose of any particular medicine which is necessary to restore health to the sick.

Recent experiments and discoveries in bacteriological science would only seem to prove that it is a very difficult thing to measure the exact amount of contagion necessary for the introduction and spread within a community of some dreaded infectious disease, and an equally difficult thing to say in just what sized dose

a medicine must be taken for a person to experience either its curative or toxic effect. In proportion as a population or an individual is susceptible to the influence of certain drugs, poisons or other noxious influences, in just such proportion will the vital force be impaired or thrown out of its normal equilibrium, as shown by the lack of harmony among the organs or tissues of the body in properly performing their functions; while among those who are not so susceptible no such disturbance of the economy is manifest.

We are accustomed to consider as subtile poisons influences which in one way or another serve to throw the vital force out of equilibrium, either as the result of specific contagium, or of some drug which, though having actual curative properties when administered in certain forms or doses, has equally poisonous effects when given in larger doses.

To cite a few illustrations of common observation:

A person whose system or vital force is at some particular time peculiarly susceptible to arsenic cannot sleep in a room the wall-paper of which contains arsenic, without developing symptoms of arsenical poisoning, while another person may sleep in the same room for an indefinite period and not experience any injurious effect.

Another has but to walk near a bed of poison ivy to get well-marked symptoms of ivy-poisoning, while one who is not susceptible can walk through the bed or handle the leaves with perfect impunity.

Still another person, who is peculiarly susceptible to phosphorus, may work in a match factory and develop sooner or later phosphorus necrosis of the maxillary bones, or other symptoms of phosphorus poisoning, while another man working at the same bench would develop no such symptoms.

Many people at a certain season of the year are susceptible to a peculiar force or influence in the atmosphere and become annual victims of what is known as hay fever, with symptoms peculiar to that affliction, while others never have it.

Numbers of people, in like manner, are peculiarly susceptible at times to the contagium of tuberculosis, typhoid, diphtheria, cholera and many other so-called infectious diseases, while others can be exposed to these diseases with impunity.

What inferences or conclusions, then, are we to draw from such observations? Obviously that there is some force or in-

fluence existing which we can neither see, feel, taste nor smell, much less catch in our hand and place upon a glass slide, there to subject its molecules or substance—whatever it may be—to the search-light of the microscope, with the hope of finding some faint evidence or trace of the drug, poison or germ.

No such attempt to catch and discover the hidden inmost power of that invisible and yet unmistakable force is possible. To discover how infinitesimally small its molecules may be is simply beyond all human power, and yet we have seen certain manifestations, or, rather, actual pathological conditions, produced in systems susceptible to such forces with a train of symptoms in each instance peculiar to that drug or contagium alone and to no other.

Equally manifest is it that these forces have been directed, not upon the material organs and tissues of the body, but, rather, upon the vital force—that unseen and intangible something that constitutes the sole difference between a live man and a dead man—and, furthermore, it is evident that the vital force has been thrown out of its normal condition for the time being (by these unseen forces), as shown by the lack of harmony among the various organs or tissues of the body in the proper performance of their functions.

This much by way of preface in speaking of a subject which is beginning more and more to attract not only universal attention and interest among the laity in every community, but which has been the means of provoking considerable bitterness of feeling among the dental profession, towards the general practitioners of medicine, for what seems to the former an unwarranted interference on the part of physicians with legitimate practice of their profession.

It is well known that among the few filling materials which are employed for the preservation of the natural teeth there is a composition commonly known as *amalgam*, composed of one or more metals in a finely divided state, to which mercury is added in sufficient quantity to make a plastic mass, and which can be easily adapted to any particular cavity. That it serves a most useful purpose in the preservation of the teeth when properly used no one will deny.

What possible objection, then, can physicians have to its now so universal use among dentists? For the reason, it is claimed, that the mercury which enters into its composition is so often

found to act as an obstruction to the action of medicines that it is impossible to either cure or radically benefit their patients until these objectionable fillings have been removed. It cannot be said that this is some new fad or theory which a few physicians of either of the two great schools of medicine entertain, as an objection to amalgam fillings is not confined to practitioners of one school exclusively. Nor is it, by any means, that *all* physicians of either school entertain the same conviction concerning the possible injurious effects of amalgam fillings; and yet it is true, nevertheless, that the most accurate and careful prescribers *in both schools* are giving the matter more and more thoughtful consideration as the properties of mercury and its baneful influence, even when stored away in amalgam fillings where its poisonous properties are apparently inert, become more fully appreciated and understood.

It is argued by dental practitioners that inasmuch as there is no free mercury in an amalgam filling, there cannot possibly be any evil effect. Dogmatic assertions without number, and quite often based upon the most superficial knowledge of the action or properties of drugs in general as compared with that of the physician, have been found to constitute the arguments of the average dentist when discussing the subject in professional gatherings.

His work is of a specialized character and is confined almost exclusively to the teeth and contiguous tissues. Beyond that he is not inclined to go. The treatment of disease has no especial interest to him, excepting so far as it is confined to his legitimate specialty. With the action of drugs, their properties, and the study of evolving the real medicinal force inherent within them he has no concern. It is much easier and requires much less waste of brain tissue to assert that "he has never known anyone who had been poisoned from having amalgam fillings in his teeth. How absurd to think they could be!" As a dentist, he approves of amalgam without taking the trouble to look into the merits of a disputed question. "What do a few physicians," he argues, "know any more than we do about its injurious effects? Let us not be dictated to," he says further, "by the medical profession or a few 'cranks' upon this subject. Let them mind their own business; we will attend to ours."

It is doubtful if there is a single physician who does not know that mercury is not only one of the most poisonous, but one of the most deep-seated and deep-acting of all drugs. Not only

this, but it is one of the most difficult to eliminate from the system that has once been susceptible to its toxic effects. It is a powerful antidote to various drugs; and it is either because of its antidotal action, or because it acts as a direct poison when shut up in amalgam fillings, that the physician finds himself so often baffled in the effort to cure his patient of some acute, though more often of some chronic, disease.

We have only to call to mind in this connection the doctrine of the conservation of energy, which declares that force can never be destroyed, whatever its change in manifestation may be, to understand not only the dynamic action of drugs, but to appreciate as well the force of the arguments brought to bear against the indiscriminate and wholesale use of amalgam as a filling material, and to have an intelligent understanding of the reason *why* the so-called high potencies of a drug are often so much more effectual in producing a cure than when administered either in the crude tincture or in a very low dynamized form; for this physical law of Nature is none the less applicable to drugs and their dynamic action, even though the force is shut up within an amalgam filling—and apparently inert—than it is to a simple piece of charcoal, which needs but a spark to make more manifest the hidden energy stored up in its component parts and upon the liberation of which may show itself subsequently in manifold forms, such as heat, vapor, gases and all the compounds of both organic and inorganic life; so that, unless one understands and accepts this doctrine as one of the established laws of the universe, he will not be likely to understand the action, or, in other words, the energy of drugs when dynamized and the laws which govern it; for the energy which lies hidden in the mercury of an amalgam filling is no the less potent and subject to these same laws than it is either in its crude state, or as a component part of some compound other than an amalgam filling.

It is not the purpose of this paper to more than very briefly touch upon the philosophy of the reasons why certain drugs in infinitesimal size or quantity may so often be productive of evil, and to throw out a word of caution to such as have occasion to make frequent visits to the dentist to have as little material as possible of anything containing mercury inserted in their teeth, lest some day they will be compelled to do as so many others have had to do—namely, to have the objectionable fillings re-

moved and others of different composition inserted in their places.

It is but fair for the author of this paper to state that it is only within the last three or four years that he has been gradually coming to the conviction that the objections offered by physicians to amalgam fillings are founded not only upon scientific reasons, but upon common sense, as a result not only of acceding to the requests of physicians to remove all amalgam fillings from the teeth of such patients as have been sent to him and the observance of the general improvement in the patient's condition which has almost invariably followed, but from a desire by study and observation to derive a more accurate knowledge of the action of drugs and of the laws which most assuredly govern it when medicines are carefully and intelligently administered in accordance with scientific laws of cure.

Health is one of the dearest things of life, and no one sufficiently prizes its value until he has been deprived of it.

Among the writer's patients are those who have not known for years the full significance of the word "health," until it began to be restored to them after every particle of amalgam had been removed from their teeth, with an earnest desire on his part to prove to his own satisfaction that physicians were either wholly right or wholly wrong, as to do what lay in his power in helping to bring back to the patient what he was most in search of.

It may not be out of place to say here that when the patient has placed himself in the hands of the dentist he should have the utmost confidence in the latter to feel assured that the work of removing the objectionable fillings will be most thoroughly and conscientiously done. Without such confidence in, and thoroughness on the part of, the dentist, a waste of time and money, as well as the non-achievement of the results expected by both patient and physician, will be the inevitable result.

Bearing in mind the remarkable progress which has been made in dental science within the past twenty years, we may, in conclusion, confidently give expression to the hope and belief that when an enlightened public opinion shall have compelled the dental profession to forever discard the use of amalgam, some new material will have been discovered to take its place which shall possess all the good and none of the objectionable qualities which have for so many years characterized this now much-talked-about and (shall we not further add?) this rightly condemned material for the saving of teeth.

People's Department.

A PHYSICIAN'S LIFE AMONG THE NEGROES.

ELLIVNAD, VA.

Dear Doctor: I will answer two or three of your questions to-day.

When first I began the practice of medicine I felt, as you did, that I knew it all. There was no need for people to die until they had reached their allotted three-score-and-ten. It did not take me long to find out that there are a very *few* things I do not know. I laid out a regular course of study to occupy four hours of each day, and still keep it up in so far as I am able. The study of *Materia Medica* came the hardest. After trying several methods and finding them all somewhat unsatisfactory, I hit upon a card system that, so far as I am aware, is original. As I have found this system very satisfactory myself, and two young physicians visiting me have been highly pleased with it, I will explain it to you, hoping you may find the solution to your query. Doubtless you may see chances for improvement; if so, speak your mind fully, and you may benefit me as well as yourself.

There are times when it is not convenient to have a book in your hand. For instance, when on your daily rounds, you are shown into the parlor to wait while the nurse is "slicking up the room a bit;" when you are waiting for the pains in a confinement case to complete the first stage of labor; when you come in tired from the day's work, and the lounge looks especially inviting; or when called to another town and you have two or three hours' ride before you on the train,—these and other opportunities ought to be improved.

I first purchased a set of Hering's *Materia Medica* Cards, but they were too small, and had but one symptom to the card. They were not what I wanted. I concluded to take the heifer by the horns and make some to suit myself, and bought some blank cards $2\frac{1}{2} \times 4\frac{1}{2}$ inches. On one side of this card I wrote the name of the remedy; on the other side I wrote from four to ten symptoms. I can best illustrate my meaning by giving you a

sample dozen. I will give you the symptoms only and ask you to send me the name of the remedy belonging to each card. Wherever I go I slip a few of these cards into my pocket, and whenever I have to wait for some tardy nurse to "slick up," instead of fretting at the inevitable, I pull out my cards and learn something new, or bring to mind something nearly forgotten. When in my office I often stretch at full length upon the lounge, or sit back in my easy chair, with my feet elevated upon the table, and study *Materia Medica* at leisure. In this way many minutes and hours are improved that would otherwise be spent in building air castles. In looking over the cards I often find the solution of a case that has been under treatment, and get a valuable hint that benefits both myself and my patient.

I have about four hundred of these cards written, embracing the new remedies as well as our old tried friends. I keep a few blanks on hand, and when a new drug comes out, I select the most characteristic symptoms, and make an addition to my pile of cards. None of my cards have other than characteristic symptoms. It would be better if they were printed, but it would cost too much to have this done for myself alone. If a hundred or more could club in together and have a set for each one struck off, it would cost far less than to write them. Here are the samples. What do you think of them?

NO. I.

Scurfs on head, unbearable burning, most at night.

Crustea lactea in children (Graph., Mez., Nitr. ac.) recently weaned.

Thick incrustations, pouring out a large quantity of thick yellow fluid, which mats the hair. (Graph., Mez.)

Contraction and closing of the lids.

Milk crust (*Sarsap.*), burning, itching, especially at night, with discharge of viscid yellow pus.

Urine very offensive. (Benz. ac.)

NO. II.

Desire to be alone (Hys., Ign., *Rhus tox.*, *Stram.* is reverse), sad and reflective; avoids conversation.

Nosebleed in the morning (Bry., Calc. c.); preceded by vertigo, or confusion in head.

Hæmorrhoids much swollen; burn on walking.

Offensive, debilitating night sweats (Sil.), staining linen yellow.

NO. III.

Slight cuts and injuries inflame and suppurate. (Borax, Cham., Sil., Hip.)
 Irresistable sleepiness during the day (*Ant. t.*, *Apis*, *Nux Mos.*), wakefulness the whole night.
 Restless sleep, with frequent waking.
 Violent starting on falling asleep. Ars., Bell., Hyos., Stram.)
 Vivid, frightful, anxious dreams. (Arn., Aur., Puls., Rhus).
 Frequent internal chilliness, without thirst. (Puls.)
 Chill creeping up the back.
 Frequent flushes of heat.
 Profuse night-sweat. (*Cinch.*, *Phos.*, Sil., Sulph. ac.)
 Amd.—During motion; on walking.

NO. IV.

Cutting, lancinating pains, with great rumbling, as if the whole intestinal contents were in a fluid state and in violent commotion, the movement proceeding from below upwards, producing nausea and disposition to vomit, with liquid feces, which were discharged with considerable force, with pain in the loins.
 Hæmorrhoids, with itching and burning in the tumors.
 Copious discharge of clear, light colored urine, with rumbling, griping pains in the abdomen.
 Painful cutting, and feeling of strangulation at the neck of the bladder while urinating, lasting a long time after.
 Aching pains in the hips and loins and a sensation of weight and tension within the pelvis.

NO. V.

Headache, dull, frontal, with fever. Periodical headache.
 Bitter, nauseous taste in the mouth. Not much thirst. Tongue coated white or yellow.
 Intermittent diarrhœa or dysentery. Lienteria; stools undigested.
 Chronic dysentery and diarrhœa.
 Chill alternates with the fever several times a day.
 Intermissions very short; almost continuous fever.
 Chill, light and short; fever, long, followed by slight perspiration.
 Very restless all night, with fever and aching distress in large joints.
 Skin hot and dry, especially the palms of the hands.

NO. VI.

Pain at the root of the tongue when swallowing.
Mucus hangs in strings from the posterior nares and is hawked up with great difficulty.
Inflammation, swelling and suppuration of the mammæ.
Abscesses in the breasts. Gathered breasts, with large, fistulous, gaping and angry ulcers, discharging a watery, fetid pus.

NO. VII.

Colic and diarrhœa from cold. (Coloc., Dulc., Merc.)
Absence of discharges; cholera. (Ars., Cupr., Verat.)
Constipation from inactivity of rectum. (Alum., Carbo. v.)
Diminished urination.
Retention of urine. (Acon., Hyos., Verat.) Strangury.
Burning urine. (Acon., Apis, Ars., Canth.)
Skin cold as death, but cannot bear to be covered.

NO. VIII.

Thin, moist coating on the tongue. The soft palate also has a yellowish, creamy look. Sour eructations. Sour vomiting, greenish diarrhœa, pains, spasms and fever.
The great keynote for this remedy is the moist, creamy or golden-yellow coating at the back part of tongue.
Sterility with acid secretions from the vagina.
Leucorrhœa, discharge creamy or honey-colored or acid and watery.
Sour-smelling discharges from the uterus.

NO. IX.

Dry coryza and sneezing.
Fluent coryza, hoarseness and rawness of the chest.
Bursting headache after coughing, as if it would split open.
Aching pain in right eye, when using it.
Scrofulous ophthalmia.
Fetid discharge from the ears.
Bleeding from nose when stooping, with amenorrhœa.
Chronic catarrh and ozæna.
Great hoarseness (chronic).
Slight hoarseness in evening, worse next day.

X.

Paralysis of rectum; of sphincter ani.

Involuntary stools. Arn., Carb. v., Phos., Rhus); *at night, while urinating.* (Ail., Mur. ac.)

Watery, painless diarrhœa. (Ars., Cinch., Podo.)

Frequent desire for stool with small discharges.

Immodist; will not be covered; kicks the clothes off.

NO. XI.

Increased sexual desire.

Lascivious dreams and ideas.

Onanism in girls—under ten years.

Masturbation, with mental weakness.

Leucorrhœa, with sexual irritation.

Tormenting voluptuous desires, in a girl.

Rheumatic pains in arms, legs, hands and feet, wandering about.

NO. XII.

Sad and despondent (Ign., Puls., Nat. m.) thinks of nothing but death.

Apprehensive, with inclination to weep. (*Nat. m., Puls.*)

A pain as if the head were numb and pithy.

Pain as if constricted, especially in the occiput.

Falling off the hair. (*Nat. m., Nitr. ac., Peter., Sulph., Phos.*)

Eczema capitis of entire scalp, forming massive dirty crusts, which mat the hair together (*Viola*); painful and sore to touch. (*Merc., Mez., Nitr. ac., Lyco., Psor., Sulph.*)

Dry mucus in the lashes. Inflamed margins of the lids. (*Sulph.*); also external canthi.

ANACARDIUM.

RAN NO RISKS.—The boy hung back when the visitor spoke to him, and his mother was naturally annoyed.

"Won't you go to Mrs. Brown, Willie?" she asked.

"No," replied the boy, shortly.

"Don't you like me?" asked Mrs. Brown, good-naturedly.

"No, I don't," answered the boy.

"Why, Willie!" exclaimed his mother, reproachfully.

"Well, I guess I got whipped for not telling the truth yesterday, and I ain't taking no chances to-day," protested the boy.—*Chicago Post.*

Comment and Criticism.

HIGH POTENCY ANTIDOTING.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

Referring to Dr. Downer's article (HAHNEMANNIAN ADVOCATE, Vol. XXXV, page 530), I desire to say that unless Dr. E. W. Sawyer discovered the antidotal powers of high potencies more than twenty years ago, Dr. Downer is traveling over old ground. I do not know in what year Samuel Swan began to use high potencies to antidote the effects of crude, but the writer said to Dr. H. N. Guernsey in the winter of 1875-6, "If we find the symptoms of a drug in a patient, I do not see what right, under the law, we have to inquire how they got there; we should give the indicated remedy in some dose." He smiled and later told me how he had cured a boy of night terrors brought on with quinine, the boy crying, "oh, those bells, those bells!" at the same time putting his hands to his ears. I have done similar work and so has Dr. Swan frequently.

Dr. Swan cured Dr. Skinner, of London, of cucumber colic with cucumber, so that he was after, at any rate for several years, could eat them with impunity, which he had not been able to do before; he had made that announcement prior to 1879.

I am opposed to vaccination because of the danger from the crude, impure virus; "potentizing" only reduces the mischief, but that is something. I have found that *Vaccine*³⁰ will control the vaccination fever; if we give variolinum, even high, we do not know but what we are giving a potentized *syphilis* just as we do not know whether we may not be giving *tuberculosis* of kine when vaccinating.

A French statistician has discovered that in the sixteenth century the average duration of a doctor's life was only thirty-six and one-half years. In the seventeenth century it reached forty-five and two-thirds years, and at the present time he finds it is fifty-six years. The same inquirer proposes to ascertain whether the average longevity of patients has increased in the same proportion.

Editorial.

IS THE MEDICAL PROFESSION RESPONSIBLE FOR THE VAST NUMBER OF INCURABLE DEAF?

"When we have to do with an art whose end is the saving of human life any neglect to make ourselves thorough masters of it, becomes a crime." A paper with the above title was read at the last meeting of the American Institute and the author of the same charged the great number of incurable deaf to the neglect of the general practitioner to select the proper treatment at the proper time; and charges the cause of this neglect to the inefficient and improper teaching of the nature and functions of the special organs and recommends that special chairs be established in every college and that attendance upon the same be made compulsory and at the same time drill the student most thoroughly in the diagnosis and treatment of the common ailments. We might emphasize the charge that the many incurable cases which pass from the general practitioner into the hands of the specialist are absolutely and most positively the direct result of negligence on the part of the practitioner and many times borders closely upon that degree of culpability, when it becomes a crime. Undoubtedly the most important factor in this system of general carelessness may be charged to the lack of preparation of the matriculant and laxness on the part of the college faculty in impressing upon the student the extreme importance of thorough practical knowledge of what is curable in disease and what is curative in medicine and a thorough knowledge of the adaptation of the one to the other. One reason for this lack of thoroughness in the past may be charged to the limited time employed by the student under the direction of competent instructors; but the general trend of medical education, to day, will to a large degree remove this obstacle from the path of the coming practitioner. Where the theory of disease presented at the college is an erroneous one, the necessity for prolonged study becomes a greater importance, but where we have a law of cure that is sufficient for any emergency that may arise, a curriculum sufficiently extended so that every opportunity may be given the student for a thorough comprehension of the law and a practical

knowledge of the application of the same, the necessity for specialists in every department of medicine becomes of less importance, because the general practitioner becomes a specialist through his comprehensive knowledge of diseases and the proper cure for the same. We require four years of study, three years upon the theory and one year upon the practice; in the three years any man competent to assume the responsibility of a physician may become thoroughly grounded in the principles of disease, the one year spent in the hospital and dispensary of a well regulated college under the thorough and efficient direction of competent teachers should make such an impression upon the student that he would never forget the sacredness of human life and never be content with anything short of a thorough comprehension of the nature of even the most simple ailments with which he may come in contact. It is a fact that too many times we have but limited support from the laity, but to a large degree this may be traced to the flippant and superficial consideration given to the patient by the physician at the time of consultation. No one has any right to dismiss seemingly trifling ailments with the remark that nothing is the matter and that with a little care they may be as well as usual, for it is only by thoroughly educating the laity with reference to the importance of rigid adherence to the laws of nature on the part of themselves or a prompt conference with some one who is familiar with these laws and with the results of the violation of the same that we may hope to raise the standard of medical knowledge to that position when it will be worthy the confidence of the people. This is the province of the general practitioner and should never be treated lightly by him if he hopes to be worthy of the confidence of his clientele. It is not necessary in these cases for the physician to pronounce every patient upon the verge of the grave and to extol his own remarkable and unprecedented skill, but it is extremely important that we win the confidence and thereby secure the thorough cooperation of those who come to consult us upon the question of health. The plea made by the general practitioner that the subject of medicine is so vast that they can grasp but one small factor in the proposition is the height of absurdity. No man can successfully treat disease as a specialist, be his special department that of the eye, the ear, the nose, or any other particular function of the body without a thorough comprehension of the relation borne by these special organs to the general vitality

of the organism. How much easier does it become for the general practitioner to master this subject when the departure from the normal or natural condition is only in its incipency, when he may recognize certain tendencies before they become thoroughly established and thereby enabling the correction of the same to be a matter of comparative little difficulty. Hahne-mann says:

"In all cases in which there exists no exciting or maintaining cause which must be removed that there is nothing beside the totality of the symptoms that can act as a guide to direct us in the choice of a remedy."

And he further says:

"Useful to the physician in assisting him to cure are the particulars of the most probable exciting cause of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its fundamental cause, which is generally due to a chronic miasm. In these investigations, the ascertainable physical constitution of the patient (especially when the disease is chronic), his moral and intellectual character, his occupation, mode of living and habits, his social and domestic relations, his age, sexual functions, etc., are to be taken into consideration." (Sec. 5).

Unfortunately too much of the instruction given in our medical colleges are devoted to the creation of just the condition deplored in this paper, e. g. In the curriculum we have before us fifteen hours are devoted to the consideration of special diseases and treatment of the same, while but seven are given to the general theory and clinical study of the common ailments of life. Far better would it be for the fifteen hours to be devoted to the study of these general diseases, compelling the student to become master of the fundamental principles of all diseases and then in a logical way become familiar with the special application of the same in the line of some special work. It has been truly stated "that no man can make a successful specialist until he has become a successful generalist."

POST-GRADUATE STUDY.

Within the past fifteen years there has been a wonderful advancement made in the line of Post-Graduate instruction and especially is this to be noted in connection with the dominant school of medicine. So rapid are the changes both in theory and practice that the physician who would be up to date is compelled to follow a systematic course of study about once in three or four years; and he feels proud in the acknowledgment that medicine and surgery is making such rapid strides in connection with the investigation along the scientific lines; but this confession bears with it an acknowledgement that the past

must have been exceedingly defective in its theory in order that any such great improvement may be possible. We speak of improvement in medicine and surgery, but it is a fact that the improvement is almost always along the line of mechanical and surgical perfection with less and less dependence upon any therapeutic agency for aid in the cure of disease.

The homœopathic physician may be pardoned for any expressions of pride or self congratulation when he declares that the homœopathy given us by Hahnemann has stood the test of a century and is just as available in the treatment of the sick to-day as it was in the beginning. He may be pardoned in the light of this great experience if he insists upon the establishment of this law as a fact in science and points to the results as the verification of the same. It is to be lamented, however, that comparatively few of the great army of homœopathic physicians are capable of giving an intelligent defense of the principles they pretend to follow in the treatment of the sick, and all of this ignorance and uncertainty with its logical dissatisfaction may be placed at the very beginning of their professional career. Homœopathy was left out of their college curriculum and the time that should have been devoted to its study was given to the acquirement of a smattering knowledge of the refined method for the palliation of present suffering, regardless of future results. It is for this reason that no class of medical practitioners stand in greater need of post-graduate study than the members of the homœopathic profession. The application of homœopathic principles are now limited to a few who have been willing to devote years to the perfecting of themselves in this fundamental principle and these same physicians occupy the anomalous position of being regarded materia medica specialists, a position that should be held by every homœopathic physician; and no greater field of work is offered to the profession to-day than that which may be occupied by the men and women who will become masters of homœopathy. The editor of the *HAHNEMANNIAN ADVOCATE* appreciates the fact that almost every materia medica expert throughout the world is a reader of this journal and that it may be said that the main purpose of its existence is the imparting of a post graduate study of homœopathics. There has been a wonderful awakening all along the line upon this subject and the wide spread inquiry cannot fail in bringing forth very satisfactory results and we may look forward with greater hope

for the future than has been shown at any time within the past quarter of a century.

The following line of study may be taken up by the practitioner with results that will more than compensate for the time employed. Carefully read the *Organon* and then make a complete record of every case that you attempt to treat in strict accord with the instructions given by the *Organon*; study your materia medica in such a way that you may see living pictures standing out in the provings of the different remedies; in other words make your record so that you may determine what is curable in the disease picture. Study your materia medica so you may see the picture that corresponds to the living picture and apply the one to the other in strict accord with the instructions given you in the *Organon* and you will have entered upon a post graduate study of medicine that will open a field of investigation that you never dreamed of before. If you do not know how to thoroughly interpret the meaning of the *Organon* select such a college as makes the *Organon* not only the corner stone but the entire foundation of its medical practice and there learn how to apply its principles for the cure of the sick.

CITY AND COUNTRY DOCTORS.

Dr. James A. Carmichael, in the October issue of the *New York Medical Times*, presents some very delightful pen pictures of the efforts made by certain classes of medical gentlemen to secure for themselves a lucrative employment by practicing upon human credulity instead of the legitimate function of the physician, the treatment of the sick. He says: "Can the editor wonder that the city physician, especially he of peripatetic, piratic stamp, who is intent upon securing consulting practice, should eagerly appropriate and avail himself of the very pliant subserviency of the country practitioner, who is willing to '*creek the pregnant hinges of the knee that thrift may follow fawning*.'" Fact is, the creeking is a mutual, professional barter and trade business and mayhap, in many instances, a shifting of professional responsibility from country shoulders to city shoulders; and in this respect the rural man certainly does hold himself cheaply and betrays not only humiliating subserviency, but a timorous want of self respect and confidence that is sure to go along with ignorance and the lack of professional education and acquirement. There is one redeeming feature in this picture,

which lies in the fact that such men are known and easily read whenever found; and that the class with whom they do associate are just as eager to take as he is to give, and that by reason of their own lack of professional acquirements, feel perfectly satisfied with the results of their swapping propensities and the earnest, conscientious man need never fear of being mistaken or misjudged in his efforts at receiving and imparting information. When one of these pirates succeeds in worming his way into a college faculty, we see the highest development of his natural proclivities.

As one of the immeasurable examples of ignorance and conceit to be found among those holding high and exalted positions, at least in their own view, an instance may be cited of a distinguished surgeon, now among the majority, who, on one occasion, and before proceeding to the performance of an operation, in a prominent hotel in this city, took the opportunity to spread himself and air his classics, and thus exhorted his pupils: "Take care," said he, "that you are devoted and diligent in your studies, so that the *voice* of the *Vox Populi* may speak favorably of you," and his look of supreme self-satisfaction as he ripped and tore out a tumor of the antrum, was a spectacle for gods and men. His protrature of Dr. Bigwig from this city, as he listens to the little talks of the country doctors, with an air of calm superiority, benignly patronizing the papers that are read, and with an an air of condescension, impossible to fitly depict, gives his comments thereon. It is true the paper, or the remarks may be the judicial presentation of facts gained by experience and it is also true that the visitor may not have attended one hundred cases of any kind in his life, and may have had none at all of the peculiarities described (for, strange as it may seem to the country doctor, some of these men who are working them for their consulting practice have very little of their own), yet he blandly says: "I have listened to the remarks of Dr. Soandso with much pleasure, but the latest authorities claim"—something often the direct opposite to what the other man has seen.

EXCESSIVE MEAT EATING.

Mrs. Ernest Hart, the noted English observer, says in *Diet*:

"One deplorable result of excessive meat eating in England is the ill temper which is a chronic, moral complaint among us. In no country, I believe, is home rendered so unhappy and life rendered so miserable by the ill temper of those who are obliged to live

together, as in England. To everybody examples will occur of homes which are rendered quite unnecessarily unhappy, when they might be happy, by the moroseness and rudeness of the head of the family, by the peevishness of the wife, or the quarreling of the younger members. In less meat eating France, urbanity is the rule of the home. In fish and rice eating Japan, harsh words are unknown, and an exquisite politeness to one another, prevails even among the children who play together on the street. In Japan I never heard rude, angry words spoken by any but Englishmen. I am strongly of the opinion that the ill temper of the English is caused in a great measure by too abundant meat dietary, combined with a sedentary life. The half oxidized products of albumen from muriates and muric acid, which, circulating in the blood, produce both mental and moral disturbances. There can be but little question as to the truth of these statements."

And you will readily find the marks of the animal predominating to just the degree in which the demands of the stomach control the life of the individual,—selfishness, quarrelsomeness, irritability, aggressive in character, the power of might over right. It will also be noted that as soon as man becomes the servant of his stomach, that the demands of that stomach will usually include an excess of meat, followed by an excess of stimulants, thereby forcing the system to dispose of its extra work in some way or another; and the long train of disturbances arising from this abuse of nature's laws, may be more easily overcome through the elimination of the flesh of all kinds of animals from the regular diet.

A FORMIDABLE FISH.—Dr. Frolich tells about a sucker first found in the Nile and its tributaries by modern scientific men in 1881, but well known to the Egyptians as the sucker thunderer god, being worshipped as such in a sucker-god temple in the city of the thunder-sucker, or Oryrrhynchos. The reason they called it the thunder sucker, instead of the thunder-fish, was because they knew of another fish, known to the English-speaking people as the electric cat (fish), and to the Germans as the Zitterwels. It grows to the length of about a foot, of which the head and nose take up a quarter, and at the deepest part measures more than a quarter of its length. A peculiar thing about the various electrical fish is that should one swim even at a considerable distance from a human bather the bather would know of its proximity by an electrical sensation, while many of them have batteries actually fit to kill a horse on contact.—*Information.*

Book Reviews.

Raue's Special Pathology and Therapeutic Hints. Almost every homœopathic physician in America has been made acquainted with previous editions of Raue's *Therapeutic Hints* and comparatively few are the libraries that do not contain some edition of this reliable work. But the latest and fourth edition so far surpasses the other editions as to make it practically a new work. Of especial value are his hints upon *mental* and *acute infectious* diseases. Another feature of especial interest is the *digest* or *repertory* following the consideration of all important classifications. Th's repertory being very similar in character to that which made Boëninghausen master of this science. From beginning to end the work is the work of a master in homœopathy, and will always be regarded as the crowning effort of this great and noble man. No student in medicine can afford to be without this valuable symposium of homœopathic therapeutics.

The Practice of Medicine - a Condensed Manual. - Custis. The series of manuals being published by Bœricke & Tafel, containing now, Yingling's *Accoucher Emergency Manual* and Custis' *Practice of Medicine*, are models of the printer's art and indispensable guides both to physician and student. Written by faithful students of Hahnemann, they may be regarded as consistent representatives of the great master and while greatly condensed and arranged after nomenclature of the present day, their suggestions may be taken as coming from reliable sources and for that reason worthy of the greatest credence.

Hahnemann's Defense of the Organon of Rational Medicine. Translated by R. E. Dudgeon, M. D. Bœricke & Tafel. This little work of 130 pages is of value to the homœopathic profession for the reason that it is a masterly defense made by Hahnemann against the attack of one of the recognized leaders in medical thought early in this century. Many of the opponents to homœopathy have used the writings of Prof. Hecker as the basis of their attacks upon this system of medicine and for this reason this translation of Hahnemann's own defense into the English language, becomes of great practical value to every student of homœopathy who would know how best to defend that which he has accepted as the true theory of disease. It should not only be in the hands of the profession, but they should make themselves as familiar with its precepts as they are with the contents of the *Organon* itself. It is a work which must be studied as carefully, almost, as the *Organon* itself and when properly studied gives out a fund of knowledge of incalculable value.

Gray's Anatomy. A new edition thoroughly revised by American authors from the thirteenth English edition. The great excellence of the new works upon anatomy, especially with reference to their topography and illustrations made it imperative that this old favorite should be thoroughly revised and brought up to date in every particular, in order that it might retain its prestige. This work was placed in the hands of careful and competent men and the new American edition is certainly a model in every particular. The

prominent features of older editions have been more thoroughly elaborated, while several sections have been entirely rewritten, so as to include the latest researches upon the subject. Gray has always been well illustrated, but the new illustrations are certainly models of the artist's skill and make accompanying text much easier of comprehension. The surgical anatomy calls for especial note of commendation, giving a very practical resume of the mechanical features incident to the injuries of the human body. For sale by the W. F. Keener Co., Chicago.

Cold-Catching, Cold-Preventing, Cold-Curing, With a Section of Influenza. By John H. Clarke. M. D., London. Where Dr. Clarke is well known everything coming from him meets with a hearty welcome and the fact that this little work of about one hundred pages has passed through three editions within a few months of its introduction to the profession of Europe makes it a welcome addition to homœopathic literature. In the fourth edition a section has been added entitled "Epidemic Influenza" or "La Grippe," also a chapter upon "Nasal Polypi" and "Hay Fever," with a general revision and an enlargement over the other editions. The entire work is written in his happy conversational style in which valuable precepts are given and equally profitable suggestions made. The little work is sold for one shilling (25c) in London and we do not know the price in this country, but inquiry at any of the pharmacies will probably give satisfactory information. The reader may be sure of one thing, that is, that its application of homœopathic principles need not be questioned.

The Medical and Surgical Uses of Electricity. By A. D. Rockwell, M. D. This is really the ninth edition of Beard & Rockwell's treatise on Medical and Surgical Uses of Electricity, but Dr. Beard has been dead so long and the advancement made by electricity, with relation to medicine has been so great that it was deemed better to rewrite the entire work. It is generally conceded that Dr. Rockwell stands at the head of medical electricity in this country and in this work it is assumed that a wider field has been opened up to electricity than that previously occupied as a stimulant or sedative, consequently the arrangement of the work radically differs from that of previous editions, to correspond with this broader application. A section is devoted to the physical laws followed by a section upon the physiological application of electricity to life, after which the practical applications as a therapeutic measure or mechanical agent, occupies between four and five hundred pages. The work is much smaller than previous editions because of the elimination of clinical cases while the text is considerably elaborated, thereby giving a more comprehensive knowledge of the application of this potent influence. As stated in the beginning, this is practically a new work and will be read with great interest and profit by all students of electro therapeutics. For sale by W. F. Keener Co., Chicago.

Giving and Getting Credit. A book for business men, by Frederick B. Goudard. The question of credit is the most practical question being considered by mankind at the present time. It starts out with the statement that "Commercial credit is the name of that trust which is reposed in men because of their character and resource." It possesses the two requirements of character and ability to pay, but is of itself directly opposite of money in that

it pays nothing. Debt is a thing to be paid and money is the one thing that pays it. So that a man with one hundred thousand dollars and no character possesses a line of credit measured only by the money at his disposal, while the man with ten thousand dollars capital, and a reputation for business sagacity and business honor may get him a line of credit double that of the man who depends upon money alone. This principle is taken as the basis of the discussion and plays the greatest importance upon the man or nation engaging in commercial projects, all so conduct their business so as to win for themselves a line of credit, which becomes more valuable to them than the amount of money they may be able to invest. The recommendation presented, is very plausible when based upon this hypothesis and in times of general prosperity may give a fancied security and an artificial credit sufficient for the present time, but this very fancied security is the prime source of the fearful disaster following the suspicions of doubt as to the stability of either the private or public credit, and all of the advantages gained by the years of faithful adherence to this theory of credit is swept away in an hour by the irresistible force of a bank which so frequently crushes the man with limited money resources. Money and the holders of money are notorious cowards and invariably take advantage of the slightest suspicions of insecurity, consequently a limited supply of money at a time of great emergency works a double hardship to the man who has been banking upon the false security of personal credit. It is because of this credit business and the limited supply of primary money that bankruptcies have become of such frequent occurrence and followed with such disastrous results. Far better would it be to limit the actual transactions of the year to a strictly cash business, compelling every man to limit his financial transactions to the extent of his real security. The result would be eminently more satisfactory to the world at large and would bring about an era of prosperity unprecedented in the history of business. This very interesting book closes with an appendix giving the laws of the different states and territories with reference to assignment, insolvent, exemption of property in cases of financial embarrassments. This work is sold to the trade through F. Tennyson Neoley, of Chicago and New York.

A Treatise Upon Appendicitis. The profession is indebted to Dr. John B. Dever, with his associates and P. Blakiston, Son & Co., for a very concise and beautiful illustrated work upon this important subject. There are between thirty and forty chromo-lithographic plates taken from different operations, giving vivid illustrations of this trouble in its many phases. In this work the therapeutical indications are not as clearly defined as the surgical technique, but the subject is considered from a surgical standpoint and as such will prove a valuable addition to the rapidly increasing literature on the subject.

A Vest Pocket Medical Dictionary. The author says in his preface that the largest number of new terminology and changes in significance in a few of the older terms has rendered it desirable that a new dictionary, preferably one of the compact form should be published. It is largely a work of compilation and while small enough to be carried in the vest pocket is large enough to clearly define, pronounce and give proper accent to nearly every medical term found in our best text books and the general medical library of the day. No price is given with the work but we presume it will sell for \$1.00 and will be eagerly sought for by both student and busy practitioner.

Free Silver and the People. By C. M. Stevens. What is right in the great gold and silver controversy, and how shall the voter cast his vote so as to be of the most value to himself, his people and his country? These are the questions that are pre-eminently before the American nation. Any book that brings the subject with all its circumstances and consequences clearly before the American voter is a benefactor. Such a book is "Free Silver and the People," by C. M. Stevens, author of "Bryan and Sewell and the Great Issue of 1896."

One of the People. Life and speeches of William McKinley, with a brief sketch of Garret A. Hobart, by Byron Andrews. F. Tennyson Neely has taken advantage of the situation by publishing a comprehensive life of William McKinley, with the prominent speeches made by him during his public career. It will prove very readable during the present campaign and that portion dealing with his past life has already become a part of the history of this nation.

Practical Diagnosis. The use of Symptoms in the Diagnosis of Disease. Hobart A. Hare, M. D., Lea Brothers & Co. Some time since Lea Brothers issued a work from Prof. Hare upon "Practical Therapeutics," based somewhat upon the symptoms produced by the patient and this work is a sort of companion piece and an aid to the proper use of his "Practical Therapeutics." In this work the author has practically reversed the method usually followed in teaching the differentiation of diseases, in that he begins with the objective symptoms manifested by the patient when sick and after grouping these symptoms together a general discussion of the case, which may lead up to a manifestation of the disease follows, culminating in a name selected for said group of symptoms. To this degree it approaches the method adopted by Hahnemann nearly a century ago and thereby consists of one of the most logical works for the study of diagnosis known at present. It is not to be inferred in this review that Prof. Hare has any leanings toward homœopathy, but simply from an independent standpoint there are indications which point to logical study of disease and consequently makes it easier for the homœopathic physician to select a name for the purpose of diagnosis. For sale by W. F. Keener Co., Chicago.

Nynalism. Nyna Publishing Co., Philadelphia. A small gilt edged volume containing something over one hundred pages. The purpose of this little book is to convert people to Nynaism and thereby teach the natural laws for the care and development of the body and mind. If the instructions in regard to exercise for gaining and retaining health were carried out humanity would be better for it. The chapters on administrativeness (self-control) and activeness are especially attractive and interesting. The price of this little work is \$1.00, which includes a membership with the Nynaites, as an exponent of the truth, and with all this you receive a 'mark.'

Field Flowers, the Eugene Field Monument Souvenir. This lovely Souvenir of the "Gentle Poet," impresses us at once with its daintiness and completeness. The illustrations are beautiful and fitting and each artist represented in the book has given as his own especial gift his picture as an offering to the fund. The selections are among the most desirable of the poet's productions. The inestimable "Rockaby Baby from Hushaby Street," the sweetest and most

delicate of lullabys, and there is no one who has a boy, that is a "regular boy," but can appreciate "Jes' Before Christmas" and "See 'em Things." We commend this little book for its grace and beauty. The proceeds from its sale go towards the fund for the erection of a monument in commemoration of his interest in and love for children. Price \$1.00, which includes a certified membership in the Association. Send all orders to the Secretary Eugene Field Monument Souvenir, 148 Monroe St., Chicago.

Manual of Pathology. By George F. Washburne, M. D., Medical Century Co., Chicago. Price \$2.00. This little work of about 120 pages is just what it pretends to be, brief and simple definition of pathological changes taking place in the human economy, with a series of questions covering nothing but the subject matter of the chapter in which it may be found. It is designed for a medical student who would be content with just sufficient knowledge to pass that chair in college. Hahnemann presented a new theory of disease and based all of his investigations upon the same and the marvelous success obtained by him and his followers from that day until the present most perfectly establishes the truth of his theory and the error of the teaching of the present day. We hold, therefore, that a book assuming to come from a homœopathic practitioner should be consistent with the tenants of the system he professes to practice. There is urgent need for work on pathology consistent with the dynamic theory of disease manifestations and the present awakening to a realization of the importance of these truths make this very fitting time for the promulgation of such principles.

A Compend of the Practice of Homœopathy. By Wm. Bœricke. Published by Bœricke & Runyon, of San Francisco and New York. We can do little better than quote extracts from the preface to this little work. He says, "Hahnemann's *Organon* is the great text book of the homœopathic school. It contains philosophical conceptions and practical directions for the establishment of a true science of therapeutics and all genuine progress towards this goal is in the direction pointed out in that work. To fix its principles clearly in the mind of the student, to faithfully apply them in practice, is the special duty and high privilege of homœopathy. The more this is done the more will this masterly book become a veritable mountain of therapeutic light to the practitioner. Until quite recently the tendency of homœopathy was to bend its energies perhaps too exclusively upon the acquisition of the facts yielding immediate results, while neglecting to some extent the study of the underlying principles. With neglect of the study of homœopathic institutes came coquetry with old school methods, and the alluring adoption of modern palliative and mechanical therapeutics, leading unquestionably to deterioration of our distinctive practice. The reaction has come, we are in the midst of it, a homœopathic renaissance is upon us. Teach and study the *Organon* is the watchword. This little book is intended to be an introduction and an aid to a fuller study and wider acceptance of Hahnemann's doctrines. A factor of this valuable little work is to be found in his reference to the source from which he draws his information. This work coming out in conjunction with Hahnemann's defense of the *Organon* so arranges and classifies the literature of the homœopathic philosophy as to make the same more available to the earnest student of science. This book is earnestly commended to all who would make a careful investigation of the basic principles of the homœopathic philosophy.

Our Monthly Review.

Expert Testimony. Every one whose attention has been called to the matter recognizes the farce which is being made of expert testimony both by the press and public in general. And every one recognizes the great importance of securing pure, unbiased evidence, touching medico legal phases in important cases, both civil and criminal. Many efforts have been attempted for the correction of the well-known faults of the prevailing system, and Dr. A. Walter Suiter in the *Journal of the American Medical Association* presents the following propositions, as fairly comprehending the situation:

1. The appointing of a commission of experts by the court in each case requiring it, the experts to be especially qualified by educational experience as such.

2. The establishment of an educational curriculum and a period of service in each branch of medical science by which the qualifications of an expert witness may be known and certified.

3. Just and adequate compensation commensurate with the character of the service should be awarded, and should in every instance in criminal cases be paid from the public treasury upon the certificate of the presiding judge. In civil cases the compensation might or might not be fixed by the court, but should be taxed as costs to abide the event, or, by agreement, the expense might be equally divided between the contestants in the action.

In order that an expression might be obtained by legislation, a bill was introduced into the New York Assembly on March 26, 1896, and referred to the Committee on the Judiciary. An Act to regulate the employment of expert testimony in criminal proceedings. The people in New York, etc.

Section 1. Whenever any person in confinement, under indictment for the crime of murder, attempt to murder, manslaughter, arson, highway robbery, forgery or other felon, may desire to present medical expert testimony in his defense, whether of a medical, surgical or chemical nature, he shall so inform the court at the time of his arraignment for trial, whereupon the presiding judge before whom such trial is pending shall appoint such number of experts as he may deem necessary to adequately represent both the prosecution and the defense, and the compensation of such experts shall be fixed by an order of the court at a rate that shall be reasonable for professional service of such a nature. The experts so appointed shall be persons of repute and qualified in the branch of medical science to which the question calling for expert opinion relates; and shall have full and free access to the evidence adduced on the trial, as well as to the defendant, if the issue involves his mental or physical state. On the completion of their examination, the said experts shall submit to the court for transmission to the jury as evidence a report in writing, attested by their oaths, setting forth their conclusion, together with the facts upon which such conclusion is based. If counsel on either side shall demand it, the experts may be sworn as witnesses, but their examination and cross-examination as such shall be limited to the facts and opinion contained in their report to the court.

Section 2. All acts or parts of acts inconsistent with this act are hereby repealed.

Section 3. This act shall take effect immediately.

In comparison with this bill, attention is called to the bill presented to the legislature of the State of Minnesota in 1898. Be it enacted, etc.

Section 1. In all cases pending in the courts of this state, civil and criminal, before or at the time of the trial of said cases, the judge of said court, when it is made to appear to him that the appointment of experts upon medical, scientific or mechanical questions is desirable, may appoint such experts to examine into the subject matter in controversy, said experts so appointed to be selected in reference to their impartiality between the contending parties; the number of such experts in each case to be fixed by the court.

Section 2. In all cases where experts are so appointed, the court is to fix their compensation, and in all criminal cases direct the payment of the same in the same manner as witnesses on the part of the state are paid; in all civil cases the amount so fixed and determined by the court shall be taxed as disbursements by the successful party.

Section 3. The court may order such experts to examine into any medical, scientific or mechanical question, and after such examination to testify in court in reference thereto.

Section 4. The testimony of said experts so appointed by the court shall be *prima facie* evidence of the statements and conclusions as to the questions in reference to which said testimony has been given.

Section 5. The court may also fix and determine the amount to be allowed such experts for and on account of any medical, scientific or mechanical examination, analysis or test, which the court may deem advisable to have made, and direct the payment thereof, or permit the taxation thereof as costs as hereinbefore provided.

It will be noted that this bill differs from the New York bill in several respects.

1. It provides for civil as well as criminal cases.
2. It permits of unlimited examination and cross examination of the experts appointed, and does not specify a written report to the jury.
3. It makes provision for the regulation of analyses and tests in all cases requiring it, and also prescribes the payment of adequate fees for the same.
4. It includes questions of a mechanical nature, but does not specially mention those relating to surgical subjects, although the construction likely to be placed upon the terms medical and scientific would probably make satisfactory application.

The following bill, with slight amendments, passed one branch of the Illinois Legislature, but failed to reach a vote with the other. It met with much more favor than was anticipated, and an effort will be made again this winter to secure its passage. Be it enacted, etc.

That the Judges of the Circuit and Superior Courts of the State of Illinois, be and the same are hereby authorized to appoint in the month of January each year, persons who shall act as expert witnesses in the medical and other sciences in giving opinion upon the evidence, as presented in a hypothetical form, of criminal causes that may be on hearing in the courts presided over by the said judges. Such expert witnesses shall hold their said appointments for one year,

or until their successors are appointed and qualified. They shall be entered as expert witnesses upon a list of such witnesses kept by the Circuit Clerk, and the said Clerk shall issue a certificate of appointment as such expert witness to the person appointed as above.

Section 2. Such expert witnesses shall be citizens of the State of Illinois, and shall be known in the communities where they reside for their professional competency and personal probity, and if physicians, they shall have been at least five years in regular and active practice. When expert opinion is desired in any cause pending in a criminal court, the trial judge presiding in such case may, at his discretion, summon for duty under this act, such expert witnesses to the number of three. Such expert witnesses shall be paid for their services by the county in which the trial for which they are summoned is held, in such sums as may be named by the judge.

Section 3. It shall be the duty of such expert witnesses to give an opinion on the evidence as presented in hypothetical form in the case in which they are called. Such experts shall be subject to cross-examinations by both prosecution and defense; but such cross-examination shall be limited entirely to the subjects embraced in their opinions.

Section 4. In criminal cases previous to trial, if the State's Attorney deems it advisable to have expert opinion, he shall state to the court having jurisdiction of the cause, and the judge receiving such statement may summon expert witnesses to serve under this Act.

To Remove Fish Bones From the Throat. Fish bones can sometimes be expelled from the throat by giving from four to six ounces of milk, and forty minutes later an emetic dose of zinc sulphate. The vomit of coagulated milk carries the bone before it.—*General Practitioner.*

Ink for Writing on Glass. *Nouveaux Remedes* describes a new ink that will write on glass, and can take the place of paper labels on bottles, etc., as it is indelible. It is made by dissolving twenty grams of brown lacquer (not heated) in 150 cc. of commercial alcohol, and mixing this, a drop at a time, with a solution of 35 grams of borax dissolved in 250 cc. of distilled water. It can be colored as preferred; one gram of methylene violet, for instance, will produce a handsome ink.

Ohio's New Electrocuting Law. By law passed at the recent session of the Ohio Legislature, the mode of executing a death sentence must, in every case, for a crime committed after July 1, 1896, be by causing to pass through the body of the convict a current of electricity of sufficient intensity to cause death, and the application of such current, it says, must be continued until the convict is dead. This must be done by the warden of the Ohio penitentiary, or by a deputy, not only within the walls of the penitentiary at Columbus, but also within an inclosure so constructed as to exclude public view. Moreover, all such executions or electrocutions, must take place before the hour of sunrise of the designated day.—*The Journal*, Sept. 26th.

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Materia Medica.

ARGENTUM NITRICUM.

COMPARE WITH—Alumen, Alum., Natr. mur., Phosph., *Argentum fol.*

ANTIDOTES.—Merc. cor., Natr. mur., Nitr. ac.—*Large doses* are antidoted by kitchen-salt dissolved in water and taken in large quantity; afterwards mucilaginous drinks are to be given.

CLINICAL OBSERVATIONS, BY DR. MUELLER, OF VIENNA.

Upon examining critically the practical observations relative to the action of the nitrate, we discover that that agent affects the organism in two distinct ways. In the first place it affects the nervous system in a peculiar manner; and secondly, it has great powers in producing organic changes in the body.

Its action upon the nervous system is characterized by a general, direct, qualitative alteration of the functions of the motor and sentient nerves, but especially of the abdominal ganglions. It is in the abdominal ganglionic system that the power of the drug seems to be concentrated in the first place, and from which it irradiates as from its focus. Even the specific relation of the nitrate of silver to the cerebral life, which is laid so much stress upon by the ancients (*virtus cephalica*), does not seem to exist independently of the specific relation of that drug to the abdominal ganglionic system, but seems to be a consensual relation depending upon the principal and primary relations of the nitrate to the abdominal ganglia. Most of those disturbances of the cerebral functions which are cured by the nitrate of silver, co-exist with disturbances of the abdominal organs or depend

upon them, such as infractions of the spleen and liver, disturbances of the digestive functions, hysteralgia, sexual disturbances, abdominal typhus, etc. According to Vogt (*Pharmacodyn.*, Vienna, 1828, Vol. I., p. 301, § 811), the superior ganglia and the pneumogastric nerve are specifically affected by the nitrate of silver, from which we may infer its efficacy in tremor and spasms of the heart; this view is acceded to by Kopp (*Memorabilia of the Practice of Medicine*, Frankfort, 1839, Vol. IV., p. 3), and by F. Moll (*Manual of Pharmacology*, Vienna, 1839, Vol. II., p. 133, § 298). The latter makes the following observation in relation to that subject: "The nitrate of silver exercises a peculiar, dynamico-material effect upon the ganglionic system, the functions of which are powerfully affected by that drug. The results of that action are manifestly and specifically observed (by sympathy) in those organs whose action depends upon the pneumo-gastric nerve; after that in the whole of the nervous system."

This opinion, which is not derived from vague speculations, but from experience, suggests an explanation of the curative virtues which the nitrate of silver manifests in fundamental disturbances of the abdominal organs, such as gastro-dynia, enteralgia, neuralgia cœliaca, rhachialgia, spasms, chorea, epilepsy abdominalis, uterina and testicularis.

The dynamico-material effect of the drug, resulting in organic transformations, depends upon the magnitude of the dose and the susceptibility of the patient. In small doses proportionate to the susceptibility of the patient, the nitrate of silver excites and increases the vital power of the lower and higher organs, increasing the tone of the relaxed fibre,* animating and accelerating the metamorphosis of animal matter, restoring and preserving that harmonious proportion in the ingredients of the living organism, upon which its unity and order necessarily depend. According to the opinions of the old school, it displays powers which strengthen the cohesion of the organism, improve the assimilative functions, prevent putrefaction; hence it annihilates miasmatic and contagious infections of the animal fluids, which will be proved by abundant practical testimony hereafter.

The opposite of the above-mentioned results is produced by overpowering doses; they occasion, with more or less rapidity,

*According to Lombard (*Gazette Medicale*, Paris, 1832, Aug.), the nitrate of silver strengthens the manifestations of the irritability of the organs.

depression of the vital forces, and consequent disturbance of the harmonious proportion of the ingredients of the organism, vitiation of the secretions, fluidization, dissolution or even annihilation of the formative or assimilative ingredients, putrefaction, extinction of the plastic and vital powers of the fluids, sphacelus. This shows that both the antiseptic and the poisonous powers of the drug depend upon the dose. It is by the compound relation which the nitrate of silver holds to the formative processes of the organism, that we are able to account for the apparently opposite results which that drug realizes by its action upon organic matter, this being disorganized by excessive, and its organic life being strengthened by proportionate doses of the drug. This peculiarity of the nitrate of silver has been pointed out by several authors, among others J. A. Schmidt, (in his *Treatise of Materia Medica*, edited by v. W. J. Schmitt, Vienna, 1811, p. 196) and by Koechlin (see v. *Grafe* and v. *Walther's Journal*, XXIII). The former says: "Not only in luxuriant, but also in impoverished reproduction, as in phagedenic ulcers, the nitrate of silver obliges the vital powers, as far as that is possible, to restore the reproductive functions to their normal standard."

The deep and intense action which the nitrate of silver exercises in the metamorphosis of the tissues, is shown by the gradual succession of changes of color realized by the protracted use of the drug in the skin, which changes from bronze to violet, blue, deep-blue, dark-brown, and even black. In spite of all attempts to account for that phenomenon, we can only explain it upon the ground that the nitrate of silver has been precipitated in the rete Malpighii, this precipitation and the dissolution of the nitrate itself, together with its changes of color, being owing to the action of the light and the oxygen of the atmospheric air. This opinion is so much more probable, as the discoloration of the skin only takes place in those parts which are provided with mucous membranes* (not in cicatrices), and which are exposed to the action of light and air. There is another circumstance corroborating the notion that the nitrate of silver penetrates the system, and has perhaps a specific relation to the penetrated organs: it is this, that metallic silver has been found deposited

*Bodley has observed that the vesicles composed of nitrate of silver, draw white bilayers in proportion as the skin becomes discolored. (*Medico-Chirurg. Transact.*, vol. IX., part I.)

from the nitrate in the plexus choroideus and in the pancreas (see Wedemeyer in *Rust's Crit. Repert.*, 1829, vol. 19, p. 454).

The clinical observations on the nitrate of silver are as yet scanty. It has been successfully used in the following affections: Epilepsy. — Diabetes. — Typhus Abdominalis. — Dysentery. — Erysipelatous inflammation of the skin. — Asthenic, superficial ulcers. — *Congestion of blood to the head, with vertigo, ophthalmia; ophthalmia neonatorum.* — Amaurosis. — *Spongy, readily bleeding gums.* — *Chronic affections of the stomach of a nervous and inflammatory character: periodical gastrodynia.* — *Blennorrhœa of the genital organs.* — *Asthma; angina pectoris.*

The gastralgia for which the nitrate of silver is successfully used, is characterized by the following symptoms: particularly suitable to delicate, nervous females, when the affection arises from depressing causes, night-walking, etc.; a troublesome feeling of malaise in the region of the stomach, relieved by pressure, the patients frequently press the clinched fist into the stomach; feeling of emptiness in the stomach, desire for piquant food and drinks, insatiable hunger, depression of spirits, water-colored urine;—the nitrate is moreover employed against vomiting of water in full-grown persons consequent upon suppressed itch; for chronic affections of the stomach, whether they appear in the shape of a neurosis, consensual gastrosis, or chronic inflammation; for oppressive or burning-drawing cardialgia, painful, either continual or paroxysmal; after a meal, accompanied with acid or black vomiting; for cardialgia and sour vomiting from an arthritic cause, cardialgia which threatens to pass into cancer of the stomach; scirrhus ventriculi.

NOTE BY DR. GRAY.

According to my observations the *nitrate of silver* is eminently indicated in disturbances of the brain, and the consequent derangements in the system generally, which have arisen from moral causes. The opinion advanced above by Muller does not correspond with the facts I have witnessed.

Epilepsies produced by moral causes (such as, for example, very impassioned lay-preaching), are promptly and durably cured by a few small doses of this drug, whilst those proceeding from abdominal irritation, independently of moral causes, are at best but poorly palliated by very large and frequently-repeated doses. The same observation must, I am persuaded, hold good

with respect to gastric disturbances; those only will be really cured by it which have arisen during too great or too long-continued mental exertion.

The bodily symptoms being similar to those produced by this drug, I should regard it as an indispensable remedy when there are the following moral conditions:—

1. A crowd of impulses to act, to move, to be busy, which, without any distinct purpose to effect, keeps the patient in continual motion; a state of unrest which gives the appearance of hurry and discontent to all his conduct.

2. The opposite of the foregoing condition; not the calmness of deportment which occurs when the mind is in a healthful contemplation, but an apathy indicative of a privation of motive or purpose; a state verging upon, and often ending in, perfect imbecility. Or,

3. Errors and defects of perception. The erroneous perceptions in which I have seen nitrate useful, have been:—1, As to time; the patient constantly fearing he should be too late, and supposing that one or two hours had elapsed, when not more than a quarter or an eighth of the supposed time had passed, and this all the while, night and day, for many weeks together; and 2, Errors as to the velocity of gait, the patient supposing that he was walking very rapidly when he was in fact moving but very slowly indeed.

Moreover, I should regard the nitrate as the remedy, (other indications existing for its use), in all severe commotions of the system arising from too great acuteness of the perceptive organs; *c. g.*, certain forms of epilepsy and chorea.

It is, I think, probable, that silver will be found as strictly adapted to the cure of morbid perceptions, and their concomitant disturbances in the digestive, motor, and genital apparatus, as gold is to the removal of morbid affections, and their consensual motory and genital diseases. However the reader may regard the foregoing speculations of Muller, he cannot, if he be a thorough student of Hahnemann, permit them to have the slightest weight with him in the choice or rejection of the nitrate of silver as a remedy for a case in hand; they are beyond the limits of possible testimony, and for all known purposes of the homœopathic art they would be useless, even if demonstrably true, because we have no possible means of knowing when the pneumogastric nerve or the abdominal ganglia are the essential seat of disease.

Institutes of Medicine.

QUERIES.

E. T. ADAMS, M. D., TORONTO, CANADA.

Mr. Chairman and Gentlemen of the Society of Homœopaths:

There is an old saying that "any fool can ask questions but it takes a wise man to answer them." In this case I ask, not expecting answers categorically, but for an opportunity of calling attention to the fact that outside the two great truths on which we all agree, there are a number of questions on which we differ, and to enter my plea that if these differences are discussed—it be in a thoroughly charitable spirit—that we each grant to others what we demand for ourselves—a belief in honesty of intention and deed—with sincerity of purpose in all we do to spread a knowledge of our law, and the benefit derivable therefrom.

If this spirit actuates us and characterizes our arguments, success is certain, for even though we fail to convince—harmony being assumed—we shall find certainties and essentials on which we all agree sufficiently to form a platform broad and strong enough to hold us all, and not us alone, but also all truth-seeking, truth-practicing Hahnemannian Homœopaths, and without crowding.

To my mind the essentials and certainties above mentioned are a thorough faith in, and practical use of, the Law of Cure and in Potentization, the method by which the health restoring power of medicines is infinitely and indefinitely increased and that these are quite sufficient to make reliable and successful Hahnemannian physicians. Unfortunately no law has been promulgated which has been permitted to remain without additions in the form of emendations, exceptions, etc., and our law has not escaped. Hence the "immaterials" and the "non-essentials" which have accumulated and which give rise to the differences I have mentioned. An error may simulate truth if loudly and emphatically proclaimed—may come to be accepted as truth—especially if in the company of truths which all admit, or announced as a deduction from such a truth, and if unattacked from any cause, will gradually arrogate an importance

almost equal to the truth from which it is professed to spring. Hence these queries and my remarks and experiences in connection with them.

It may be that none here will agree with me—that having had different experiences you have reached different conclusions; but granting such to be the case, it would prove no good reason why I should hide my own. First I will ask, are we justified in asserting or accepting as true “that by the administration of a highly potentized medicine—not the simillimum—we may so affect the system of a patient as to render him incurable,” so that all future efforts to restore health must prove futile? I cannot point you to any text-book or printed authority in which the assertion is made, yet I have heard it again and again, till I almost came to regard it as “unwritten law,” and in my case it proved an obstacle, as it has in the case of others to my personal knowledge, to my advance in the practice of true Homœopathy. For long months I went in fear, lest a mistaken prescription should produce such untoward effects, and I felt that such practice, or rather a practice in which such was possible, should be marked “dangerous.” I felt better when I uttered a hearty “I don’t believe it,” strengthened by “I won’t believe,” and ever since I have practiced Hahnemannian Homœopathy to the best of my ability, and without a qualm of conscience on this account, honestly believing that in cases where I have failed to cure I have benefitted infinitely more than injured.

I think this “dogma” must have had its origin in confounding Hahnemann’s belief and utterances, as to the incurable conditions produced by massive drugging combining with natural diseased conditions or *disease* (vid. *Organon*, Sec. 41, eb. seg.) But while we all admit the injury done in such cases, the added difficulty of making cures, we in this day and of this association, do not admit so sweeping a fear and prophecy. Personal experience in very many cases proves the contrary. This being the case, can we afford to admit that our potencies can produce such unfortunate results, when even massive doses of poisonous drugs may not, while according to Hahnemann it is necessary that they “should be long continued” to give grounds for his fears? Another reason which forbids our acceptance or admission is, that being finite ourselves, the means by which we decide upon the indicated remedy, are still faulty and incomplete, though markedly increased, improved and corrected since the

time when Hahnemann uttered his lamentation. Finally its acceptance would negative the advice and the practice of Hahnemann, Boëninghausen and the fathers generally, as well as all who have followed in their steps to a degree, viz., prescribe for the totality of the symptoms as found, give due and sufficient time for the remedy administered to act, when if a cure is not made and health restored, again take the totality of symptoms and prescribe, and so continue till health or an equilibrium of life forces is restored or reached. This by some has been called the zig-zag method, but through its use numerous lives have been saved, and an infinity of suffering ameliorated or prevented. I feel safe in saying that more cures are thus made than by the *simillimum* being at once selected.

The enemy, within our door and outside our lands, armed with ignorance, prejudice and bigotry, will supply enough veritable wind-mills for our attack, without our little Don Quixote raising imaginary ones.

Next the question, Can a remedy cover the totality of symptoms too closely; in other words, produce fatal results through being too well indicated? In this question also we differ. We have all seen or had cases in which after the selection and administration of the *simillimum*, prompt improvement followed, and continued for a longer or shorter period, when acute and highly exaggerated symptoms set in, followed by death, which we attributed to our remedy; but does it necessarily follow that this aggravated state was caused by the remedy? I think not and that as a rule the fault is on the part of the patient. Liberties are taken, in the shape of over-exertion, exposure to damp, raw or night air, over-eating, or a diet unsuitable; all or any of these are sufficient to make a well man ill, infinitely more one barely convalescing.

Under such conditions, is it wonderful that a chill is taken, congestion and inflammation follow, and with reduced vitality and the chronic trouble, death ends the scene, and in my slight experience, in agony?

I had heard so often of the danger of prescribing certain remedies in certain advanced diseased conditions, that I accepted the assertion as true, and when in process of time I had two such cases I laid the blame on the prescription and my conscience troubled me, and continued to do so whenever these cases were recalled. However, this worrying led to the entrance

of doubt, and the doubt led to my re-examining these cases. Fortunately I was able to do so to advantage; in one case especially my facilities were extremely good, in both reliable, and I found that almost as soon as improvement was marked the would-be convalescents indulged in exposure to night air in open cars, too long and too rapid walks, lack of care in eating, and others of the long list of follies which, being forbidden for long, are the most attractive and longed for. Perhaps I should have said, that both these cases were of the same character, viz., tuberculosis of lungs. I feel that I can with more justice attribute the acute aggravation to the patient's folly, rather than to the potency of *Calcareo phos.* which I administered. In fact I can not imagine a better picture of a pneumonia super-added upon tuberculosis of lungs and well advanced, than these cases presented.

As "one swallow fails to make a summer," so my experience and deductions are not proof, only indications. There is but one rule in prescribing, and one simillimum. I know some advise, "don't give the simillimum in such cases," but when we begin to make exceptions, we are off the track and cannot tell where we shall bring up. But again, granting the truth of the assertion, what becomes of our ability to produce "euthanasia?"

As far as I know and believe, we must prescribe for the totality of the symptoms, and having done so how shall we be certain that our simillimum will not do harm, producing aggravations and hastening death, rather than an euthanasia? At what point does the change take place between proving a curse or a blessing?

The next question is of still greater importance, as it constantly enters into our daily practice, viz., the treatment of artificial or drug disease by high potencies of the drug causing the abnormal condition. We can all endorse, if not fully, yet to a very uncomfortable and trying extent, Hahnemann's utterances, fears and prophecy as to the effects of allopathic treatment and the continued use of violent heroic drugs in large and increasing doses—(Vid. Sec. 75, et. seq.)—sufficiently at least to welcome any treatment which will enable us to cure these always obstinate and hitherto often incurable victims of drugs and drugging. But such treatment must do all it promises and if honest and repeated tests proves that it so does, I am confident that proof will be forthcoming. The law cannot change—the patient will not—the remedy must. We use *Syphilinum* in syphilitic miasms,

Psorinum, *Medorrhinum*, *Pyrogen*, and many others, well proven or only moderately or partially proven, and use with success (else David's opinion of men is specially applicable to Homœopathic physicians); but joking aside, these remedies are used with success, and not always to make an immediate cure, but to wipe out antidote or cure complicating symptoms, of which they are the simillimum.

None will claim, I think, that *Syphilinum* in the 50 or cm. potency is the same as the pus from a chancre. The dm. potency of *Medorrhinum* as the gonorrhœal virus, whence it was originally taken. Syphilitic virus is common; gonorrhœal pus can be found in quantity, as also the crude drugs which have been proven, as *Sulphur*, *Aloes*, etc., yet it is held to be very advisable that potencies should be made from the original nosode or drug which was used in making the proving, thus indicating that nosodes and drugs differ one from another of the same class respectively. To my mind potentization will be found to harmonize our differences. That by or through potentizing the remedy is altered, while remaining similar, and has become enough stronger to conquer the drug disease, the miasm or the so called "natural disease." I believe fully that high potencies of a drug will cure or antidote—better cure—the ill effects produced by that drug, when it has been administered in massive doses long continued, and have proved the fact to my satisfaction in a number of intractable—I thought incurable cases. But the difference of opinion occurs over "the same" and "similar," and yet I know, for this I have not proven on others but also on myself, that if the diseased conditions caused by vegetables and fruits (drugs) cannot be cured by a potency of the same kind of vegetable or fruit, the idiosyncrasy or tendency to so be made sick can be cured and by a potency of the sick-making article. For years I could not eat the common radish; it acted as a poison and disordered my stomach in invariably the same way, so that I came to regard it as a poison to me and to be avoided accordingly. I prepared a potency from a tincture made from the whole vegetable steeped in diluted alcohol, and took occasional doses for some days, and the matter passed from my mind, probably because the season for radishes had passed. The next season I found to my surprise that I had a desire to eat radishes, a desire which had been absent for years, and that I could eat them with impunity. I had a similar experience

with cucumbers, which for long had not only disordered my stomach, but also caused colic and a light diarrhoea. This past spring, although I had no craving for the vegetable, yet ate of them occasionally and without after ill effect, as far as I could see, feel or judge; and I have removed like idiosyncrasies in the case of patients. One case, a lady to whom strawberries were poison and to whom I gave a small vial of pellets medicated with a potency of the strawberry last summer, informed me within a few days that she was this year eating that fruit and without ill results so far. Gentlemen, whether we can argue upon the reason or not, there is something in this method of treatment.

My paper is unduly long already and I have still a number of questions to ask; among others, whether the action of the highly potentized *simillimum* is interfered with by the administration of low and lower potencies of different medicines? I know the generally accepted opinion, but the fact that the *simillimum* will act and continue to act on systems impregnated with opiates—tobacco and alcohol in its various forms and whether spirituous or malt—should at least prepare us to compare notes and experiences. Next, does the repetition of potentized doses do harm? If yes, above what potency may we look for the danger signal? Is it possible to make one hard and fast rule, applicable to all cases and all conditions? Or will we show wisdom by leaving the question open and to be determined by the experience of all honest Hahnemannians?

Much can be said on both sides in reply to the above two questions,—if permitted I will refer to them on another occasion,—and will this time close by asking if it is not possible that we have become somewhat dogmatic in attempting to invariably decide just what medicine can, must and will do under constantly changing and changed conditions?

Hahnemann (Sec. 186) says: "Affections of external parts requiring mechanical skill, properly belong to surgery alone; as, for example, when external impediments are to be removed, *that prevent the vital force from accomplishing the cure*,"—and he proceeds to give examples which you all remember, in which the remedy may be assisted by other means.

I sometimes fear, that in our honest efforts to avoid the Scylla of allopathic mongrelism, we fall into the Charybdis of dogmatism. I like the expression of Hahnemann quoted above, "that

(*which*) prevents the vital force from accomplishing the cure"—and I do not think it possible that this Society, collectively and individually, with all other sincere and honest followers of Hahnemann, can do better—in fact can do otherwise—than make it their rule for practice.

I fear that we often load upon our remedies, as well as on our patients, burdens unnecessary to bear; I have, and honestly too. Our remedies often accomplish miracles; sometimes they fail, and I believe that many of the failures are due to the remedy being expected to do too much, and unnecessarily. There are many conditions resulting from disease, which may prevent the vital force from making a cure. Let me briefly recite an instance: Nearly five months ago, a young woman came into my care, from prominent Old School specialists in lung diseases. Their diagnosis was "phthisis, and in an advanced stage;" and if ever a patient looked the diagnosis she did; nothing was lacking to make up the picture. I prescribed carefully for the totality of the symptoms and not the name of the disease as I got it, and this for some time, with very slight indications of the action of the remedies and still less relief; occasionally I fancied I had some encouragement, but it proved fleeting, and the patient sinking lower and lower with the graveyard coming close into view. In consultation the opinion was advanced that there was pus in the pleural cavity and that this more than phthisis was responsible for the patient's condition. That the indications were not specially prominent you can imagine from the specialists, myself and others overlooking it. The operation to draw off the pus was advised and as I had failed to aid and could offer no hope otherwise, I agreed or consented. As a result over half a pint of what might be called laudable pus, was withdrawn, and with speedy relief to the patient; the remedy which previously had little if any action, now acted as it should and the vital force no longer bound down and prevented from accomplishing a cure, reacted from the remedy given and a cure was the result. This was and is only one case, but it was a life saved, and saved in strict accordance with Hahnemann's directions.

You may each and all have cured similar cases with the remedy only, but this proves nothing, as the vitality—the vital force—differs in different patients; in this patient it was not equal to the task imposed, but remove the impediment and the vital force, acted on by the indicated remedy, accomplishes the cure.

If we are ever guided by this rule, we shall not be accused of meddlesome or heedless surgery. Other queries occur to my mind, as Olfaction, and, Is not our law and potentization the highest and purest of science and to which scientists are surely if slowly coming? I believe it, but these with questions before barely mentioned, must give way to a *finis*, and in conclusion a word as to why I have written. Some of my Queries do not to a very marked degree enter into our every-day practice; others do, and will continue to press for attention and personal decision as to their truth and utility. This must take time, even if, as we should, we enter upon the duty with "openness of mind" to study all things, put them to the test and if the result is different to our preconceived ideas, admit our error. But in the meantime I think and hope that in this little Society we can arrange some plan for our future operations, by which we shall not so glaringly exhibit to outsiders—professional or lay, friendly or the reverse—any differences which now exist among us. This can be done, as I before intimated, by crediting to others that belief in honesty of purpose and practice which we demand for ourselves—all members of an Association whose object is fixed and determined; also by remembering that as a rule it is the little things—the "immaterials"—that lead to differences. "The gnats of life cause the most annoyance." In our law and potentization we have truths sufficient to furnish texts for innumerable lessons, not alone for ourselves, but all outside our ranks.

Questions on which we disagree should not go outside, or if published, they should go forth as the views of the author and not as the proceedings of this Society. I felt this very strongly when our last years' transactions, in book form, reached me, among many others, with papers by three of our leading and honorable members, one of whom taking the negative on an unsettled question, wrote ably, energetically and with pen moistened in a very low potency of what we used to designate No. 5. The other two supported the affirmative just as honestly and emphatically, a question which if it proves itself true in the cure of the sick, will by so doing prove its accord with our law.

As I said before, we have of admitted truth sufficient to supply ample ammunition in our battle for humanity. So, united on all things certain, liberal in all doubtful, and with charity for all, let us to the victory, assured to Truth over Ignorance and Bigotry.

DISCUSSION.

Dr. Biegler—I do not feel quite prepared to review all the doctor has proposed or to answer the many questions, as there are rather too many to answer at this time, but I have no exceptions to take to anything he has said. He has given us a good paper and valuable guidance, and the questions are for us to consider in our work and in the cure of disease.

Dr. Close—I have one comment to make on the reference to those who, on account of alleged aggravations following the use of a high potency, advise against the administration of what they call the Simillimum in cases which, in their opinion, are hopeless. It is my opinion that those who hold such views have a wrong conception of what the simillimum is. I do not think they know what it is. The simillimum, in remedy and potency, never does harm, but good. I have tried, in my way, to elucidate the thing by saying the simillimum is the equal, and if it is equal it must be successful. The simillimum is the equal of the disease we are attacking, plus the infinitesimal necessary to bring about the action, and if we have the equal plus the infinitesimal it will overcome the disease. The loss of the patient is what troubles us. In the inscrutable wisdom of Providence we are sometimes prevented from finding this simillimum, or having found it, lose our patient. But that is not necessarily an evil. I think that the evil effects which are so often attributed to the administration of the high potency to the hopelessly sick, or to those not hopelessly sick, may be sometimes ascribed to the psychic influence of the prescriber upon the patient. It may be that the statement made some thousand of years ago is a trite one, but it is undoubtedly true. Job said, "the thing that I feared came upon me." If we are afraid and expect the direful consequences, we are very likely to get it. If I enter a sick room with my mind filled with fear and forebodings, even though I assume an appearance of cheerfulness, I believe that a bad impression will be made upon that patient. If, on the contrary, I have a clear mental vision of the Truth, in regard to the nature of life, and of disease, and a firm belief in the efficacy of my remedies, I am filled with confidence, hope and cheer, and I carry the sunlight of these to my patient; but the moment I entertain feelings of fear and hopelessness, they are impressed upon the patient. In many cases I believe that our own doubt and fear and morbid

forebodings are, through telepathy, or the medium of the subconscious mind, carried to the patient, thereby instilling fear and hopelessness in his mind. The physician has an image of disease and death in his mind and it is instantly conveyed to the patient. We all know what the result is. It is weakening. We get weak and sickness results from indulging in feelings of fear, of hatred, of jealousy, or other morbid emotions, and it behooves us to be very careful about the attitude of our own minds and souls as we enter the sick-room. Pathological hobgoblins in the mind of the physician are reproduced in the imagination of the patient and frighten him to death. This is to me a reasonable explanation of not only many of the so-called aggravations following the use of high potencies, but of the loss of many patients. Recent studies in Psychic Science confirm this.

I do not say the indicated remedy in proper potency and dose will always avert death, but that its effect will always be good and helpful in promoting a speedy and peaceful transition to the sphere of the departed. That is always desirable, and in accord with the Divine purpose. Neither do I say that an improperly selected remedy, or a proper remedy in an improper dose, may not increase suffering, but it is as likely to be true of a low potency as a high one.

Dr. Biegler—Now that Dr. Close has brought up the subject of the alarm which has been carried by some men to the patient when circumstances compelled the administering of the high potencies, especially in a critical stage, or at the time of death, I want to say that I have never paid the slightest attention, or given any heed to that expressed fear whatever. I have invariably prescribed, as nearly as I could, the simillimum in all cases where there was great suffering and the patient approached the end of life without the slightest fear, and I have always been justified in my own conscience that I have given relief. I have never met with an exception in which I consider I have not always obtained the relief the patient needed. I have a case in mind where a man died a few months ago of tuberculosis. The man had come to his end. He was fully prepared to die and had been for a long time, and he wanted to die, and I am satisfied in my own mind that he was prepared for death when it did come, but he could not die without a struggle (not a mental but a physical struggle), and he was in that stage where I could be of help, and I then selected a remedy according to the indica-

tions presented and gave him a dose on his tongue, though I should say before this that, judging from the struggles that were taking place, he would have lived until morning, and this was at 8 o'clock in the evening, and inside of two hours after taking the remedy he died, and it was the most peaceful death that a man ever died, instead of suffering until morning. Now, I am satisfied that the remedy given by me relieved that man's physical suffering and struggles.

Dr. Sawyer—I feel some timidity about taking the position I must on this question, but believing some things to be true, I must say them or say nothing. I intended to have written a paper on the subject, and if I could have got the time I would have done so. I had a case of giant cell sarcoma half as large as my head following an operation, and gave the simillimum in the cm. potency and in fifty days the sarcoma was gone, and fifty days later the patient was gone also. I have no doubt now that had I given a low potency, say 30th or 200th and carefully gone up the scale as the patient was able to bear it, that she would have been cured.

I had another case of cancer which needed attention, and I had occasion to send another party as it was impossible for me to attend the patient personally.

The physician who went to see the patient being a skillful prescriber and seeing the simillimum gave it in the m. potency, and brought on a hæmorrhage and in less than three hours the patient was dead.

I might go on relating cases here all day. What was the reason that I was mistaken in my prescription? I feel as sure as I do of anything in this world that the mistake was in the potency of the remedy, and I am firmly convinced that too high a potency killed as I am of anything in medicine, but I want the truth,—whether to use the high potency, the medium potency or the low potency,—and the question has been asked, where would you use the high potencies or the low, and why? Now, to my own satisfaction, I have been able to answer that question, and I do not know how better to illustrate it than by saying that if I was in the woods with an old rusty locomotive I should not put on a full head of steam but, on the contrary, I should put on a very low amount; in fact, just sufficient to take me out of the predicament I was in, because if I put on a full head I should be afraid that the locomotive would go to pieces, and it is just so

with a patient. I should go very slow until I found out from the symptoms how much he could bear. It is simply a question of time. But if I am sure of my remedy, of my simillimum, from this time on I do not give a very high potency.

Dr. Biegler—I think Dr. Sawyer is right in regard to the administration of potency in chronic diseases, but what I wanted to say, and have understood, is that when death comes your low potency will hardly ever produce the relief that the high potency will. In the case that I stated death was sure and was only a matter of a very few hours. He would, I believe, if I had not given him that dose of a high potency, have lived several hours longer than he did. I believe that he would have struggled on; that the life forces which were going on would have carried him on for a few hours longer but for the remedy which I gave him at that time, which quieted the struggles and the suffering and so relieved him that he died painlessly. In the treatment of chronic diseases I believe Dr. Sawyer is right in the selection of the potency, but I do not believe that Dr. Sawyer, or any one else, can give us a rule that we can follow successfully in practice. That is a matter of tact on the part of the physician, and I do not know of any process by which I could make clear to you the reason why I select a potency.

Dr. Close—It might be helpful to point out the fact that the idea of the simillimum includes that of the potency, or dose. I believe that the simillimum includes similarity of action, and similarity of nature of the remedy to the disease for which it is given. By "similarity of nature" I mean that the medicine which I derive from the material world, in its crude state, in order to become the simillimum, must be so changed by the process which we call potentiating that it becomes exactly similar in nature to the disease with which we are dealing—that is, a dynamis; so that it is quite as important for us to select the right potency as it is for us to select the right remedy. The simillimum includes both the potency and the remedy.

Dr. Thurston—It becomes an interesting question as to *what* changes take place in the scale of potentization, say from the one hundredth to the hundred thousandth.

Dr. Sawyer—I would like to say, Mr. Chairman, that I believe it is difference in force, and that the high potencies act more suddenly—almost like an explosion—and that the effect does not continue so long as that of crude drugs but passes away after

doing its work. This is one reason why Homœopathy is superior to Allopathy.

I explain to my patients that when we have potentized a remedy above the required limit, it passes away, while the effect of the crude drop of metals or minerals continues its action as long as life lasts unless removed by art.

Now, I want to say a little something more about this curing of disease by certain foods. I have duplicated brother Adams' experience except with the radish. I have with onions, with strawberries, and I have tried it when drug miasms were in the way. I have not tried cucumbers.

Dr. Close—Dr. Sawyer's expression reminds me of a significant expression of Dr. Baylies'. He said, as nearly as I can recollect the words, "the remedy must have attained a greater degree of vibratile tension than that of the disease for which it is required," and it is a fairly satisfactory explanation, for it brings the matter somewhat nearer our grasp, even if it is not a final explanation.

Dr. Sawyer—Where does the tension come in?

Dr. Close—It is the vibration.

Dr. Biegler—I would like to ask Dr. Sawyer if he had a case, sick from eating cucumber, whether he would demonstrate the potency of that remedy?

Dr. Sawyer—Certainly, unless I could find out some cause for the cucumber causing the illness, then I would give the similar.

Dr. Biegler—I have only to add that I do not believe a high potency will bring about a deleterious effect, if it is not the simillimum, or nearly so, to the cause. I believe it then falls near, but has no direct effect and that the final effect is lost because it is not placed in action, but I do not believe that it has any deleterious effect whatever.

Dr. Close—Is not the assumption here that something less than the simillimum cures? That brings up the question that Dr. Adams has asked. It is unquestionable, it seems to me, that the simillimum can have but one action, and that is curative. Something less than the simillimum, or similar, may confuse a case and prolong the process of cure, but it seems to me that it must be beneficial in proportion to its similarity, providing that it has been raised from a material to a dynamic plane by potentiation; in other words, is a high potency. If we find the simillimum we cure a case with a single remedy, and perhaps

with a single dose. If we find only similars, we must use several remedies, and "zig zag the patient toward a cure," as has been said. I do not understand how any direct detrimental effect can be produced by the similar remedy, much less the simillimum, unless the similar remedy is administered in material doses. Indirectly, by removing some of the characteristic disease symptoms, and possibly substituting some drug, or proving symptoms, so making it more difficult to select the true curative, harm may be done. But cures will be performed even under these disadvantages, and we must think charitably of the man who is able to select only a similar, so long as he is sincere and does his best.

Dr. Drake—I believe that Dr. Sawyer, in his remarks, gave as his opinion that a potency of a similar, not the simillimum in a case, under certain circumstances, might act injuriously in chronic cases. Might not this be the case if it was acute? If there is a simillimum of potency, is it not as important, if the case is acute as well as chronic?

Dr. Close—I can answer yes to both questions, undoubtedly. We require to ascertain things that are ordinarily to be avoided. For example, you ask me if I have not had patients die whom I fully expected to cure? Undoubtly. But I want to say that I think this is quite a different case from saying I have killed a patient by giving a high potency of the indicated Homœopathic remedy. I have had patients whose time had come, who were ready and desirous to die and often have hurried the peaceful departure of that dying person from this sphere into the next; a departure which otherwise would have been delayed and painful. Death in itself is not to be dreaded or put off. It is our mission as physicians to make that departure as easy and as comfortable as it is possible to be, and in those cases where a high potency has been said to have killed the person, giving the remedy that in these cases has enabled him to die with the least pain has been regarded as a dire calamity, merely because the patient died. On the other hand, persons whom I expected to die have gotten well, and possibly in cases where there was an aggravation of suffering, it might have been due to the influence of the physician upon the patient; as I have said before, the feeling of foreboding, anxiety and doubt that a doctor has, may be reflected upon an impressionable person, who will say they always feel worse after the doctor has been in to see them; and this, I think,

is caused by telepathy or other mental processes. The aggravation might also have been caused by giving remedies which were only similars instead of the simillimum, or by giving an improper potency or dose.

Dr. Biegler—The idea that I had in view is that I have paid a great deal of attention to certain remedies that have been too thoroughly neglected in certain cases and that is why I wanted to draw you out, as you seemed to think it was not the fact of the simillimum having been administered, but the feeling conveyed to the patient by the air or care or foreboding or doubt which appeared in the manner of the physician. I believe that the impression that Dr. Close warns us so much against as having so much effect upon the patient rests a good deal upon the sort of man the physician is. I confess that I am engaged in many cases with many anxieties and fears, but I do not know but that it comes in this way, that while I am theorizing trouble, at the same time when the trouble comes on worse, or the case is more critical, or the situation very grave, so much the more am I inspired with caution and firmness, so that it depends upon the man himself as to whether he will give way, and the emotion with which I am impressed will not act upon the patient at all.

Adjourned to 3:30 p. m.

SECOND DAY—AFTERNOON SESSION—4 P. M.

DISCUSSION ON DR. ADAMS' PAPER CONTINUED.

Dr. Close—I can ask one question which I think will clear up what we were talking about this morning. If I should ask Dr. Biegler if he had the profoundest confidence in the remedies he uses, and the law under which he applies them, he would say yes. Dr. Biegler says the emotion he is impressed with will not act upon his patient at all. If the telepathic theory is true at all it will operate both ways, not only for harm, but for good. The caution and firmness, and the resulting confidence, which Dr. Biegler says he is inspired with, and which make him master of himself, also give him the mastery of his patient by the operation of the same law. The doctor's basis of confidence in these cases is belief or faith in the law of cure, and in the remedies applied. The patient is inspired with confidence and faith, through the operation of the telepathic law, and experiences the invigorating

effect of these emotions at the same time the selected remedy is acting in its sphere.

Dr. Biegler—The more critical a case is, the more trouble there is, the stronger I feel, but at the same time I am oppressed with that anxiety which you fear may be conveyed to the patient, but on the contrary the patient is mentally sustained.

Dr. Sawyer—I had a case some few months ago in Chicago, that has a bearing on this. The patient had had a headache for quite a number of years which was exceedingly troublesome. She went to one of the physicians in Chicago who prescribed for the trouble but the remedy did no good apparently and she went again, when the doctor gave her a dose of another remedy to wipe out the trouble. I think this occurred about a year before she came to me, but when she came she was still not well. She got an extremely high potency of the drug which seemed uppermost in the case—the drug disease rather—and one of the first effects of the remedy was that she had a headache the same as formerly, but apparently the high potency did not do any harm in the case and the patient went on to a rapid recovery then without any return of the headache.

Dr. Patch—It hardly seems possible to me that the exhibition of an incorrect remedy must necessarily spoil every case. If this were true how many failures must some of us have experienced! There is no doubt, however, but what a similar remedy will show some influence in a given case, but I cannot believe that it hinders a cure by the simillimum when that is found. A remedy which is not even similar will show little if any influence; how can it? When there is no similarity of nature between drug and disease, there is no homœopathicity, consequently no action.

Dr. Biegler—I want to say one word more in addition to what I have already said and that is that a low potency might confuse the case by removing a symptom, or a number of symptoms. I forgot to say at the time that I believe Hahnemann says that a remedy will remove but a certain cluster of symptoms and the next remedy or remedies will remove the rest. According to that it does not seem to me that any great harm can be done if a similar remedy has removed a number of symptoms if the next remedy will do the rest.

Dr. Drake—Is it not often the case that it seems impossible to find the simillimum capable of removing the whole list of symptoms? If we cannot find it, we must then give a remedy that

will cover the most important symptoms, but we do not give the simillimum. As I understood Dr. Biegler's remarks, he said that if the remedy removes part of the picture, then according to Hahnemann we are to take the remaining symptoms, make a new picture of the case, and we may then often select the simillimum. Now, supposing I had prescribed for a chronic case having ten symptoms and I have removed three of these symptoms but can get no further improvement. I shall then, according to Dr. Biegler, have seven symptoms left for which to select a simillimum, but how are we to get at the simillimum if we must take the whole conception of the patient's case from childhood up, in order to get a correct picture?

Dr. Close—Is there not a simillimum for the seven?

Dr. Sawyer—Where there are drug miasms present it is not possible to clear the field with one remedy, each drug miasm present requiring its own simillimum, which is a high potency of the same.

Dr. Biegler—In answer to Dr. Drake I have to say what I said before, that Hahnemann teaches that the best selected remedy will only cure part of the case, and then it is our duty to take the case over and select the next remedy, and so on until the cure is complete, of course from beginning to end, that we shall ascertain the constitutional state, or rather, to ascertain the presence of miasms.

Dr. Carleton—I am afraid I cannot make a very forcible addition to this discussion, not having heard the paper; but wish to say that it was the unfailing custom of Boenninghausen to take a new picture of the case every time that he found his patient unimproved. In intermittent fever, it is extremely important to give the right remedy at the start, if possible.

Dr. Drake—I would like to ask Dr. Carleton if he considers the lower potencies just as much a mistake?

Dr. Carleton—No, sir.

Dr. Kennedy—I do not know as I have anything to add, but I want to emphasize the importance of this mental condition that the physician carries when he calls upon his patient, and I believe that the only way is to do as Dr. Biegler does and have the feeling that he carries with him, and I believe that it comes chiefly from having confidence in our remedies. The physician recognizes the fact that his patient must die, but if he has confidence in the homœopathic remedies he knows that in this way

the best possible can be done for that patient, and that is, to make him comfortable in his last moments, and I believe that everything that will give us confidence will aid us in relieving our patient.

Dr. Adams—I think I have nothing to add, Mr. Chairman, except to thank you for the interest you have all taken in my Queries.

Dr. Sawyer—There is one other question, Dr. Adams. Do you use intercurrents for acute conditions arising during the treatment, and if so do you use high or low potencies, and why? I use low potencies in such cases and think they do not interfere with the cure.

Dr. Biegler—Whether I am right or not, my practice is when I have prescribed a high potency and have obtained a satisfactory result and the remedy has done well, I always follow it with a lower potency, not with a higher. When a remedy is well indicated and I have given a high potency and I still feel satisfied that it is the remedy but that it is not accomplishing the cure, or is not satisfactory, then I give the higher.

Dr. Adams—I can say that the question Dr. Sawyer has brought up is very important. We want truth, not fears or notions. It is a common thing with me, that when I have prescribed a remedy the patients will continue to indulge themselves in one of the family medicine chests, lay-homœopathy, so-called, but my experience has been that, fortunately for themselves, not to do any great harm. It seems to me that when you are sick and the simillimum has been prescribed, it does its work, and that it takes more to interfere with *that work*, than is generally supposed.

Dr. Kimball—I think Dr. Sawyer is right in regard to using a lower potency for an acute condition arising in the treatment of a chronic case. What is to be determined is when to give or when not to give an intercurrent remedy. Of course it must depend upon the effect that the acute condition is having upon the patient; if it is a slight cold or an indigestion it better be let alone, but if it is severe enough to affect the general health, and if the vital force seems lowered, then it may be necessary to prescribe. In such cases a lower potency than that given for the chronic condition does not seem to interfere with its action. This does not include a medicinal aggravation or a return of old

symptoms indicating a curative effect of a chronic remedy, for in such conditions we would wait much longer before interfering.

Dr. Biegler—I always give a low potency for an intervening tendency. I wanted to say when I was up before, Mr. President, when I was asked the question if I always began with a high potency, that many times I am in fear and trembling in selecting the potency. As I said this morning, I sometimes lay with my head on the table a great while before I decide on the potency.

Dr. Thurston. Do you not think, Dr. Biegler, that some patients are too susceptible to the very high potencies, and are more benefitted by the lower ones, say the two hundredths?

Dr. Biegler—Yes, I think they are.

Dr. Thurston—Can you tell by the general appearance of a patient, whether he will be particularly susceptible or not to the high potencies?

Dr. Biegler—I think I can. If I find a case of a very sensitive temperament, and the case is somewhat threatening in its aspect, I have not the courage to throw in a high potency; but where an individual is not easily affected, I give the high potency first.

Dr. Sawyer—Does the temperament have any effect on that?

Dr. Biegler—Yes.

Dr. Thurston—May I ask, Dr. Biegler, why you favor a low potency in acute cases and a high potency in chronic cases?

Dr. Biegler—I avoid a high potency in acute diseases when the disease has advanced to a critical condition, and then until I feel sure of "where I am at," after which I give a high potency. I avoid a high potency in the first prescription of a very delicate and sensitive case, as in meningitis in an infant, or when convulsions are likely to occur any moment.

HÄHNEMANN VS. ISOPATHY.*

EDMUND CARLETON, M. D., NEW YORK.

Last year I had the honor of reading before this society a paper, in which I endeavored to show the evil of the prevalent and increasing mania for prescribing nosodes. After the discussion was over, one of our worthy members held an open book before my face and asked me to read. It was Vol. I of Hahnemann's *Chronic Diseases*, pages 195-6, and this is the text:

"In the subsequent list of antipsoric remedies no isopathic

*Read before Society of Homeopaths at Narragansett Pier, June, 1896.

remedies are mentioned, for the reason that their effects upon the healthy organism have not been sufficiently ascertained. Even the itch miasm (psorin), in its various degrees of potency, comes under this objection. I call psorin a HOMŒOPATHIC antipsoric, because if the preparations of psorin did not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that same identical virus. The psoric virus, by undergoing the processes of trituration and shaking, becomes just as much altered in its nature as gold does, the homœopathic preparations of which are not inert substances in the animal economy, but powerfully acting agents. Psorin is a *simillimum* of the itch virus. There is no intermediate degree between *idem* and *simillimum*; in other words, the thinking man sees that *simillimum* is the medium between *simile* and *idem*. The only definite meaning which the terms "isopathic and æquale" can convey, is that of a *simillimum*; they are not *idem*.

That was supposed to give me a quietus. I now return to the attack, and purpose to show further, that according to Hahnemann, *homœopathy* cannot be allied to isopathy.

The first evidence to be presented, will be found in the very quotation offered by my brother; and now please listen to Tafel's translation of the original:

"The antipsoric medicines treated of in what follows, contain no so-called *idiopathic* medicines, since their pure effects, even those of the potentized miasma of itch (*psorin*) have not been proved enough, by far, that a safe homœopathic use might be made of it. I say *homœopathic* use, for it does not remain *idem* (the same); even if the prepared itch substance should be given to the same patient from whom it was taken, it would not remain *idem* (the same), as it could only be useful to him in a potentized state, since crude itch substance which he has already in his body as an *idem* is without effect on him. But the dynamization or potentizing changes it and modifies it; just as gold leaf after potentizing is no more crude gold leaf inert in the human body, but in every stage of dynamization it is more and more modified and changed.

Thus potentized and modified also, the itch substance (*psorin*) when taken is no more an *idem* (the same) with the crude original itch substance, but only a *simillimum* (thing most similar). For between IDEM and SIMILLIMUM there is no intermediate for any one

that can think; or in other words, between *idem* and *simile* only *simillimum* can be intermediate. Isopathic and *aequale* are equivocal expressions, which if they should signify anything reliable can only signify *simillimum*, because they are not *idem*.

This shows better than the other rendering, the intermediate between *simile* and *idem*. Mark well the reason why Hahnemann does not put the "idiopathic medicines" upon the list. They "have not been proved enough by far, for a safe homœopathic use." He is not the one to give *syphilinum* because a patient has had syphilis. Every time he prescribes according to the symptoms. How different from what is going on all around us! Men with good reputations as prescribers, are sending their reports to the journals, of cases which baffled them until they learned that syphilis or gonorrhœa was at the bottom of the trouble, when they gave the nosodes *syphilinum* or *medorrhinum*; thus showing that the pathological hint had been their guide—not symptomatology. The printed record existed for them to select from; but it never occurred to them that the remedies were the *simillima* to the cases, (and for the very good reason, that no sufficient evidence of homœopathicity could be found so far as reliable provings exist) until the fundamental diseases had been named; then they could see the similarity. This is nothing more nor less than allopathic generalizing.

But," exclaims some innocent soul, "potentization changes all that! Hahnemann says so." As a matter of fact he does not. He declares the crude substance to be inert, like gold; and both substances to be ert after going through the potentizing process. Furthermore both drugs must be proved in potentized form. Secondly he refuses to admit psorin to his list, because it has not been proven enough. He will have every medicine given strictly in accordance with proved symptoms—proved upon the healthy. There is no mistaking his meaning.

The claim has been made that, for instance, the effects of syphilis are the proved symptoms of *syphilinum*; and it is my belief that this is the principal reason for prescribing the nosode, in the majority of cases where it is given. The utter lack of foundation for this claim is shown by Hahnemann, in these words, taken from the *Defence of the Organon*, page 71. He says:

"Hecker quotes from Geoffrey two *secondary effects* of the immoderate, long-continued use of *tea*—diabetes and emaciation—and asks 'if tea will cure those diseases?' It is evident from this

that he has not understood the teachings of the *Organon*, otherwise he would not require diseases to be *homœopathically* cured by the secondary effects of a medicinal substance. He is ignorant of that on which he pretends to sit in judgment."

It is time for Homœopaths to set their faces sternly against this increasing evil. The excuses offered are many, and some are plausible at first glance; but none can stand the test of investigation. If tea is not homœopathic to the effects of tea, neither is alcohol homœopathic to the effects of alcohol, nor tobacco homœopathic to the effects of tobacco—even though they bear the label of drug antidote, or any other label. If one will practice that way, let him haul down the banner of Hahnemann.

Dr. Thurston (Chairman)—I understand that Dr. Patch has some clinical cases bearing upon this subject which it may be well to present at this time, so that we may have a fuller expression of opinion.

CASES SHOWING THE ANTIDOTAL POWER OF HOMŒOPATHIC POTENCIES OVER CONDITIONS BROUGHT ABOUT BY CRUDE DRUGS PREVIOUSLY USED TO SUPPRESS DISEASE.

FRANK W. PATCH, SOUTH FARMINGHAM, MASS.

Case I. Oct. 17, 1895. This patient had an attack of intermittent fever in the previous June; was treated with crude doses of quinine which proved intolerable on account of headache and blindness which it seemed to produce; he then resorted to a proprietary medicine known as India Cholagogue, one of the sure cures. This remedy succeeded in suppressing the chills but at the same time in suppressing also most of the poor fellow's vitality, so that during the whole summer he was often obliged to leave work several days each week. He complained of a pricking sensation all over the body; thirst and debility; there was marked jaundice; the symptoms were aggravated every second day. Mindful of Dr. Sawyer's advice, the amount of my fee was invested at a local drug shop, in a bottle of the Cholagogic mixture for "purposes of analysis." This analysis was made in a peculiar and yet very simple manner beneath a faucet and resulted in a primitive fluxion potency of eleven hours run. A few powders of this were given the patient who reported on Oct. 21st, "Feeling better than at any time since last June." The

improvement continued rapidly and has thus far been permanent. I do not think he has lost a day from ill health since that time.

Case II. Young Mr. D. was a single youth who had become extravagantly fond of cigarette smoking, using from one to three bunches daily. On July 27, 1895, he applied for relief from severe sticking pains in the region of the heart; worse after eating; at times he could not rest at all on account of hallucinations of seeing people and hearing noises in the room; no appetite; poor strength; aching on right side of head. R. *Cigarette Smoke*, five powders.

Aug. 1. Reports much improvement after taking the remedy, in fact the symptoms were all modified but returned a few days subsequently from exposure and the fatigue of a long walk. R. same, three powders.

Aug. 10. Reports no return; calls himself well.

Question—Was improvement due wholly to the remedy or in any part to the fact that he probably obeyed my injunction to stop using the vile things?

Case III. Aug. 15, 1895. This patient complained of having suffered for a week from rheumatic pains in the left hip; worse from sitting and when bending the hip joint; improved during the night. It was ascertained that two weeks before this gentleman had suffered from an acute attack of diarrhœa for which he had taken a quantity of Rheubarb tincture, that helpful and harmless family medicine (?). The diarrhœa was thereby checked, the rheumatism soon came in its stead. R. *Rheum.^{cm.}*. The condition was entirely relieved within a few days.

It may be noted that these symptoms do not appear in the "*Guiding Symptoms*" under the proving of *Rheum*. May they be added?

Case IV. Aug. 22, 1895. Great wheeziness and dyspnœa beginning each morning between three and five; whistling respiration; worse when the nights are cold; better from rising and sitting up or walking about; slight expectoration eases the breathing; expectoration of thick, white mucus. Breathing is easier after smoking in the morning. The last modality started my thoughts Chicagoward and ended in the prescription of a potency of Dr. Sawyer's *Cigar Smoke*. One month later there was little if any of the trouble remaining and it has not yet returned.

Case V. Sensation of fullness in post-naso-pharynx; thick

nasal discharge; clearing nose improved only for a few moments; mouth breathing; ears stopped on blowing nose; left side of nose obstructed, better when out of doors, worse when lying. Two years previously this young woman had epidemic influenza and was treated by an old school physician. This condition developed subsequently. Although there was no means of knowing exactly what drugs were then used, it is significant that my patient mentioned having had ringing in ears and sensation of big head during the illness. These symptoms being more characteristic of Quinine than of La Grippe it is perhaps fair to conclude that the girl took crude doses of this drug. Consequently she received from me *Cinch. Sulph.*^{cm} and the whole group of symptoms cleared up in about six weeks.

Case VI. Mrs. H., aged 60, stout, phlegmatic temperament. This case is rather long and does not come wholly under Dr. Sawyer's method, though perhaps enough so to prove of interest.

May 8, 1895, date of first examination. Patient then complained of headache beginning every day at about eleven o'clock particularly in the eyes and on vertex where in a place the size of a dollar she feels a sensation as though angle worms were crawling about and falling down; sensation that the top of the head is jelly; redness of face and nose; great heat and flushing extending from neck over head, obscuring sight; extremities cold; slight constipation at times; light headed feeling at times. About two years previously she began suffering from "rheumatism" of the right popliteal spaces with drawing pains in the ligaments; has crawling sensation under right thigh when lying, after dinner; twitching of left eye; great heat of head in night so that the pillow must be turned; ice water causes bitter taste in mouth. During past four years there have been two attacks of malaria with Quinine. In 1863 she lived in Washington, D. C., and suffered greatly from "biliousness." The first prescription was *Sulph.*^{cm}. This remedy seemed to bring about an improvement. She reported on July 17th no crawling; one "bilious attack" during the previous week; joints tired and sore; weakness of back; all worse after walking or standing; jelly sensation improved. Meanwhile, at the Manhattan meeting the writer of this report had been under the potent influence of the genial Chicago oracle and hence further inquiry was made into the previous sicknesses with a result of finding that the patient had taken

much Blue Mass in Washington twenty-five years before. *Cinch. Sulph. cm*.

July 31. Reports that after taking the last medicine for a few days there came fine, drawing pains in the right side of head, a condition similar to that felt during her old malarial attacks. She was finally obliged to stop taking the medicine, (*s. l.*). She complains further of pricking in feet and a bitter mouth dating back to the Washington experience. The eye, vertex, thigh and popliteal space symptoms now all improved and it is still further ascertained that she took, last fall, three bottles of Paine's Celery Compound for her rheumatism with decided improvement. Later it returned and this time the Compound did not seem to act though she gave it a faithful trial. R., *Paine's Celery Compound*, (Sawyer).

August 22. Reports head all right, feeling in general, finely; complexion improved, less flushing; bitter mouth slightly improved. The old rheumatic conditions under the limbs has returned though less severe than the original attack of a year ago. Sort of drawing up and letting go sensation. R., *S. L.*

Sept. 16. The bitter mouth has returned worse than ever; head, eyes and face congested and uncomfortable; no drawing in knees, only slight soreness on bending them. R., *Blue Mass*¹ (Sawyer).

Jan. 25, 1896. No bitter mouth since last medicine until two weeks ago when it began to return; sleepiness after dinner; bubbling sensation in right ear; left eye tearful; very slight rheumatic pains of knees; slight sensation of weight at vertex.

Notwithstanding these minor sensations she expressed herself as feeling splendidly and certainly her appearance justified her words. The Blue Mass was repeated and since that time she has not returned.

Case VII. Woman of 33, spare, nervous temperament.

July 22, 1895. States that she had experienced poor health all summer; sensation that she had no feet; circulation sluggish; blood settles in toes; breathing difficult in a close room. On inquiry it was found that at 17 years she had suffered from "liver trouble." Four years before she had intermittent fever for which she took Quinine without effect, but that she was "cured" finally, with "India Cholagogue." After this she had prolapsus uteri. She had also had la grippe twice. At time of examination she complained also of feeling tired in the morning; faint

and gone sensation at stomach between eight and nine a. m.; must take few mouthfuls of food; general symptoms worse during electric storm; aching in legs and feet, better when they are elevated; pricking in extremities. R., *Ham. Virg.*^{cm}. This was probably a mistake.

Aug. 13. Symptoms of feet improved; now a sensation of trembling all over; thirst. R., *Cinchona Sulph.*^{cm}. Another mistake.

Aug. 16. No improvement and she now received what she should have had in the first place, a potency of *India Cholagogue*, eleven hours fluxion. It was this mixture which caused the last violent suppression of disease, resulting in the train of symptoms noted.

Oct. 19. Reports herself well. After taking the first three of the six powders she was to use, there was a marked aggravation of the symptoms; this, however, lasted but a short time, and improvement rapidly followed. In December there was some return of the symptoms which necessitated a repetition of the medicine, since which time she has remained well.

Dr. Thurston—We would like to have the opinion of each member present in regard to this subject and I will call first upon Dr. Kimball.

Dr. Kimball—This question can never be settled by dogmatic statements that "it is so" or "it is not so." Nor is there any reason in asserting that, because Hahnemann said that drug diseases were almost if not quite incurable, no method of relief can ever be found.

The principles in the *Organon* are sufficient to explain this or any other medical question, but it is childish to assume that Hahnemann should be expected to have foretold and settled, specifically, every point of medical discussion that would be raised in the next century.

These points, however, must be settled in strict accordance with the Homœopathic Law, and when such questions arise it is our duty to investigate and decide what relation they bear to the Law.

There is one great truth that no one here will deny, that all cures by whomsoever made are Homœopathic. That being the case, have cures been effected by prescribing a high potency of a drug for symptoms produced by crude doses of the same drug?

Cures are related by men whose statements we must accept.

Take the cases of Dr. Patch. He is known to his colleagues to be a careful and painstaking observer, and when he tells me he has cured the bad effects of cigarette smoking with a potency of *Cigarette Smoke* and that he has done it in several instances, I know he is stating a fact, and when we have the same statements in regard to the effects of other drugs from men whose word we would accept without hesitation in other cases, we must accept these as facts also.

Some of them may be more enthusiastic than others, some may be mistaken in some instances, but they are not all mistaken in all instances and there can be no doubt that cures have been effected. Then these cures are Homœopathic.

It does not seem necessary to antidote every drug that has been taken by a patient, or that it is possible to do so if it were necessary, especially in patients coming from old school physicians. Then if the vital force has not the power to resist many varied assaults, including those of drugs which have evidently had no effect, there would be much more sickness than there is.

But in those cases where there has been actual palliation, suppression or metastasis of diseased symptoms, or where drug symptoms have been produced that are persistent, it does seem from the testimony that we have given us, that cases are relieved or put in better condition for a cure by giving a high potency of the drug that has caused these disturbances. How then are we to explain the Homœopathic relation of the remedy to the drug symptoms? It must be taken into consideration that we have in these patients a mixture of drug diseases and natural diseases which differ essentially in their causes. The drug disease may be suppressed by one or more poisonous symptoms easily seen to be due to the drug, or it may be the suppression of a natural disease by large doses of the drug, which has resulted in a metastasis of the natural diseased condition; this in turn may be suppressed again, and so on.

As the drug disease is stronger than the natural disease which is shown by its power to suppress the natural disease, it seems that we must in some manner dispose of or antidote the drug disease before we can expect to do much in the way of cure with the natural disease.

How can this be done? Is there any other method than by antidoting the effects of the drug? This brings us to the consideration of what an antidote to a drug is—a complete antidote.

It certainly must be a drug that acts on the same plane and in the same direction as the drug to be antidoted, and the more similar its action the more complete its antidotal relation.

It is inconceivable that there can be ten or fifteen antidotes for the same drug. Take *Mercurius* for instance. In the *Guiding Symptoms* we find stated that it is antidoted by *Aurum*, *Asafetida*, *Belladonna*, *Carbo veg.*, *China*, *Dulc.*, *Ferrum*, *Guaiac.*, *Hepar*, *Iodine*, *Kali iod.*, *Kali mur*, *Lachesis*, *Mezer.*, *Nitric acid*, *Staph.*, *Stillingia*, *Sulphur*. These may be antidotal to certain symptoms of *Mercurius* but can they be to the drug as a whole?

The antidotal relation of drugs as given in the materia medica's has probably been developed in the course of the provings. Symptoms would be produced of such severity or so long lasting, that an effort would be made to relieve the prover, and a remedy would be given having similar symptoms.

Possibly several might be given before relief was found which was effected because the remedy given acted on the same plane as the one causing the symptoms. For other conditions during the proving, other remedies might be necessary so that we would have one remedy antidotal to the head symptoms, another to the chest symptoms, others to those of the abdomen, or to general conditions and so on until we have six, ten or fifteen so called antidotes to one drug.

But these are only partially antidotal or palliative to the drug being proved as they touch upon a few of its points of action only and not upon all of them. It would follow then that the more similar their action the more complete their antidotal power, but as two drugs are only partially similar in action, they cannot be more than partially antidotal. Is it not, therefore, reasonable to suppose that the complete antidote to a drug must be one that acts on the same plane and in the same direction and is capable of producing the same groups of symptoms. Can this remedy be found except in a potency of the drug itself?

I do not understand that it is claimed that simply giving a potency of the drug or drugs that have caused suppressions or new conditions will be sufficient for a cure. It may be in recent or uncomplicated cases, but in chronic conditions it seems to prepare the way for future treatment, which without this preparatory prescribing would be always tedious if not entirely useless.

You do not expect to cure a patient who has a mouthful of amalgam fillings. If you do you will fail and sooner or later be compelled to admit that it was a palliation, or a temporary amelioration, that was mistaken for a cure. The amalgams must be removed.

The effects of the drugs cannot be taken bodily from the system, but it seems as if they were rendered less harmful by the Homœopathic efforts of a potency of the same drug. It has long been a custom with some to give in cases of medicinal aggravation that was continued, a higher potency of the same drug. The following case may be of interest.

A family had recently moved into a house that had been occupied for some years. In about two weeks I was sent for to prescribe for the mother.* There was a pale œdematous swelling of both upper and lower lids and of the upper part of the face with itching and burning of the swollen parts. A dull frontal headache, vertigo during the day and on lying down at night. It was an entirely new condition, symptoms that she had never before exhibited during the several years she had been under my care. The symptoms indicated *arsenicum* as nearly as I could judge by study and comparison, but the patient suggested that her condition might be due to arsenic in the wall papers, as she was very susceptible to any such influence and the papers were old and looked suspicious. Here was a complication. *Arsenicum* was plainly indicated but the condition might be due to arsenic in the papers.

Should I wait, have the papers examined and if arsenic was found give an antidote for the poison, and what antidote should be given for the condition? It must cover the œdematous swelling of the lids and of the so-called antidotes to arsenic given in the *Guiding Symptoms*. *Camphor*, *China*, *Chin. sul.*, *Ferrum*, *Graphites*, *Hepar*, *Iodine*, *Ipecac*, *Nux Vomica*, *Sambul*, *Tabac*, *Verat.*, not one of these, according to *Knerr's Repertory*, has œdematous swelling of the lids. So I would have been obliged to give an antidote that was not an antidote! The simplest method secured the best results. *Arsenicum* symptoms were present and one dose of *Arsenicum*²⁰⁰ was given; the next day she was better, less swelling, less itching and burning, less vertigo. The papers were examined and half of them were found to contain arsenic in dangerous quantities; one of these was the paper in the bedroom of my patient. Her improvement continued a

day or two longer, when they began to strip the walls in order to re-paper them. The dust caused by this brought on an aggravation of the original symptoms. Another dose of the 200th was given, followed by an improvement for several days, then there was another aggravation which a dose of the cm. Fincke relieved, and in a few days more the house was all re-papered and there has been no return of the symptoms. The remedy certainly relieved the condition in spite of the continually acting cause, and if it had been repeated in water several times would probably have had a better effect, but I wished to watch the action of the single dose, and its action was certainly Homœopathic.

Now it seems to me that such prescribing cannot with any sense of justice be called isopathic. Isopathy implies giving the products of a diseased condition for a similar diseased condition. The nosode is not the same in every case of the same disease, for it is modified by the constitutional condition of the patient from whom it is taken, and unless it is proved and given symptomatically like any other remedy, its administration is not reliable. A proved drug, however, given in a potency for symptoms similar to these produced by that drug, is Homœopathic to the case whether the symptoms are due to the drug itself or to other causes.

In chronic cases of drug poisoning with histories of suppressions and re-suppressions, it is difficult to get at the symptoms of an indicated remedy, whether one of the drugs has been abused or not, but with this idea in mind it may help us to decide upon one of several remedies equally well indicated as far as we can see. We must avoid routinism. If a drug has caused a suppression of disease there will be indications for its later Homœopathic use if we can discover them.

The method is certainly Homœopathic when rightly followed, as far as we can judge from the testimony given us. Even those who are opposed to this will certainly admit that it is always desirable to remove drug effects from the system. Can they suggest a better way? Or do they think that if Hahnemann said such conditions are almost incurable there is no use in trying? Bœnninghausen is known to have advised this Homœopathic method of prescribing in certain cases. Must he also be Anathema? My personal experience has been brief. I have had failures and think I have seen a few successes. We must be

led by Homœopathic indications and if by this we can remove the effects of drugs that are obstructing a cure we are fully justified in giving it a trial.

Dr. Sawyer—In Allen, those of you who have read up the provings of *Thea* there, will remember that the disease produced by excessive drinking of tea was cured by *Thea*^{cm} (Fincke). Was that Isopathy instead of Homœopathy? Again we hear a great deal about the provings of drugs upon healthy people. No doubt this is very desirable, but how much of that sort of thing has been done in the past I question. I challenge it, unless the treatment was very different in Hahnemann's days than it is at present. It reminds me of an eminent German professor who was lecturing in relation to Syphilis. He divided the people into three classes, namely,—those who had syphilis and have got free from it; those who now have it, and those who are going to have it, and I doubt very much if the provers were free from disease and probably there were not two men among them who had not from one to a dozen miasms present. That being the case, how on earth are you going to have the real effect of drugs from that proving? Many of them, no doubt, had psora, and for my part I don't believe that one of them was free from psora, and with these natural miasms and these drug miasms in the picture, how are we going to get an absolute picture of these drugs?

Dr. Kennedy—I do not think, Mr. Chairman, that I have anything to add to this. I recollect one case, however, that of a gentleman of about 60 years of age who has been a patient of mine for a number of years, and for the past year has been coming to me quite frequently because of certain troubles, varying somewhat, but seemingly largely of a nervous nature, with symptoms of asthma. I prescribed carefully, going over his case each time, but with unsatisfactory results. Finally I was lead to consider that he had been an inveterate smoker for years and smoked wholly, I believe, cigars. Under the proving of "*Tabacum*" I found some of the symptoms which were present in his case and this, together with the fact that the most careful prescribing that I could give him had been followed by, to say the least, very slight results, led me to believe that some of the symptoms and conditions of his case were due to the fact that he had used tobacco for a long time. I had asked him to leave off the use of tobacco, which he did, but there was no change, and finally I gave him two powders of Dr. Sawyer's preparation of

Tobacco Smoke. At this time, for quite a number of nights, he had been having bad nights. He reported to me by telephone the next day, as had been his custom for some little time, saying he had passed the best night he had had for a long time. Well, I thought that was pretty good. He then went on with the *sac. lac.* for a week or ten days, I think, with gradual improvement, and then the case changed somewhat and I selected remedies again, and, in fact, the case all the way through has been kaleidoscopic. I prescribed again carefully for perhaps six to ten months, and again it seemed impossible to do anything further for him, although he was on a higher plane than he had been, and again I prescribed for him *Cigar Smoke*. This was followed by improvement again, the improvement seemingly following the administration of the *Cigar Smoke*. After a time other symptoms arose and I gave him remedies the best I could, as before. As I said before, he was on a higher plane, seemingly, lifted each time by these prescriptions of *Cigar Smoke*. I continued to prescribe for him and he gradually improved so that a few weeks ago he was entirely free of those things that had troubled him. Now, I give you this instance just as it came to me. Take it just as you will I believe that when you have one case well defined that it proves the principle. I do not know, if the case had gone on, but that I would have raised him to the degree of health which he enjoys at present without giving him this prescription of *Cigar Smoke*, but I remember the feeling of gratification which came to me at the time. If I remember rightly, in one or two other instances I have administered *Cigar Smoke*, but with negative results. My present feeling is that if I have reason to believe that a person is loaded down, so to speak, with a drug, having taken it in quantities for years, and my remedies, carefully prescribed, fail to show the good results which I have a right to expect, I would be justified in giving a potency of that drug. I believe it is best that we as a society move slowly in this matter; but we want the truth, and I believe we should be ready to investigate new ideas brought forward, especially when they present as good a claim to our attention as this.

Dr. Sawyer—I do not feel like saying a very great deal on this. When the Allopaths denied that Hahnemann had discovered a law of cure, his reply was, "Gentlemen, try it and report your failures." That is fair and the truth will always

stand that test. If there has been a new law discovered, all we have to do is to submit it to a fair test. If it is the truth, it will stand it. If it is not the truth we will then find it out. I have been practicing this for a great many years. By "this" I mean giving a high dynamis of the drug used, and I have this to say, and it is that I have never seen it fail, provided we have adhered to the cardinal principles laid down by Hahnemann—that you must attack the greatest miasm first. You cannot cure the less miasm in the presence of the greater, and I also believe it to be true, as Hahnemann says, that the drug miasms are the greater. If it is true in treating disease, that we must attack the greater miasm first, it is very evident that we must attack the drug miasm first. I hardly know where to begin, I have seen so much of this thing, having tried it in thousands of instances and never having seen it fail, I hardly know where to begin. In my clinic in Chicago a patient came in with a cancer on the tongue and it was breaking down. In taking the history of a case I always take extreme pains to get a history of all the drugs taken by the patient during life, where possible, and I found out that one of the drugs which had been abused in that case had been *Kali Chloricum*, and administered that remedy in the cm. potency. In six weeks time that had closed in, and if either of us had been told that that patient had had a cancer of the tongue and were asked to find it, I think it would have been hard for us to tell where it had been. Now, to my mind, when a high potency has been given for a drug and affects a cure, it is *prima facie* evidence to me that that drug is the cure for the same, and there is no escape from it. I am firmly convinced, after thousands of experiments, that when any mineral or any metal has been administered in the physiological dose that the drug effects never leaves the patient's system so long as life lasts, unless it is removed by art, and I believe that they may be transmitted to the offspring. I had another case there. A lady had a tumor in the left side of the throat. The local physician examined it and sent her to an old school physician in Pittsburg, who has a hospital there. The growth was examined microscopically and they told her that she had cancer and her only chance for life was to have it removed at once, and they performed the operation, taking out the growth, nearly as large as a goose egg, including the left tonsil, the left side of palate, and reaching as far as possible into the left pharyngeal wall for the morbid growth,

but six weeks later the growth re-appeared and grew rapidly, and when she appeared at my clinic it had begun to break down, and the right side of palate and uvula were enlarged, dragging on the root of the tongue, and I found the presence of *Red Vulcanite*, a plate of which she had been wearing for some years, and I had her remove that plate at once and I gave her a twenty-five hour fluxion potency of *Red Vulcanite*, and in thirteen weeks the cancer had disappeared utterly. I followed that up, I think, with a high potency of *Carbolic acid*, and she had a high potency of four different drugs, the most powerful that had formerly been administered. Why did I begin on the *Red Vulcanite*? Because it was the most recent and most virulent. I have seen scores of mouths where fungus growths were caused by wearing Red Vulcanite plates, and I have found that I can cure these cases with *Red Vulcanite* in a very high potency. That is why I began with *Red Vulcanite*, following out Hahnemann's cardinal principle, of attacking the greater miasms first, and the others in the order of their importance. I might go on and give any number of cases where the same principle has been carried out. I know quite a number of physicians who have tried this method of treatment, and they are reporting cures just the same as mine. It works, and works every time. That being the case, how can I escape from the conviction that it is Homœopathy, straight and pure?

Dr. Biegler—I regret very much that I cannot add anything to what has been said. That the cases cited here are from reliable sources and I cannot doubt the results and must accept them as a fact. My experience, however, is not extended in the practice of antidoting drugs. The difficulty that I find in endeavoring to carry out the method we are considering is to get at the drug from the abuse of which the patient is suffering, and it is seldom, in my experience, that I can do this. In the majority of cases I have to take their symptoms and if they point to the effects of drugs, I take it then as a ground that they have probably been poisoned by a certain drug. I wish I could get the positive knowledge that Dr. Sawyer seems to get from his patients, but I don't, and I have to act in these cases, as I have said, upon the history of the case. However, I have not fully selected the practice of antidoting the drugs by a potency of the same drug to the extent that others have done. I do not know, as Dr. Sawyer has said, anything of the lasting effect of a drug. I do not believe any one is ever divested of the effects of quinine or

mercury until he has been relieved by some of the antidotal measures. In fact, it is a difficulty that I have to contend with in relieving them of the effects of the drug. What Dr. Sawyer says about *Red Vulcanite* I know to be a fact. For thirty years I have carried on a battle that has been a cause of a great deal of trouble, because I have had the influence of the dentists against me. Thirty years ago I commenced to advise against the use of these plates, and following that up with a battle against the use of amalgam, until finally one could not go to a dentist in Rochester and say that he wanted a plate removed, or this amalgam taken out without having it said to him with a sneer, "You came from Dr. Biegler," and so on.

Dr. Adams—I think, Mr. Chairman, I expressed my sentiments this morning in my paper. After all, experience must be the teacher and final judge. The man who won't put the matter to a test cannot, at least should not, expect that his opinion will be regarded as of great value. If, however, any of our brethren will come here and say they have honestly tried it and have failed, we will then re-examine the matter, and from their standpoint.

Dr. Close—(Requested of Secretary privilege of looking over a paper on file).

Dr. Biegler—While Dr. Close is looking over the paper it occurs to me that I want to cite a case from the use of amalgam. This is an illustration of what we meet with in our fight against its use. Many of these dentists are simply mechanics. They have no knowledge of the potency of mercury. I say to them, just take a mass of that stuff on your tongue and carry it around for a while, and then use it, if you have any conscience. The case I want to illustrate as an example is that of a young Baptist minister. He was, of course, intelligent, or rather, supposed to be. He had charge of a congregation for some five or six years, but had come to that state of health in consequence of what was called neuralgia that he had to resign and give up. He came to me and before he had been with me three minutes I asked to see his mouth, and when I looked at it I found the worst case I had ever seen, and then I said to him, "I don't want to go any further with you, but I want to advise you to go to a dentist and have the amalgam taken out," and I explained to him that it was the cause of his suffering. He hung around and finally said to me, "Can't you prescribe for me?" I told him I would do nothing

until those fillings were removed and he went away, but came back in about a month with just the same expression of pain, and he was a most miserable looking being, and as he came in he paused and I asked him if he had done as I had advised him and he said he had not, and then I asked him what he wanted. He said, "Can't you do something for me?" I said, "You goose, get out," but that man came around the third time in a month or so, in just the same state and then I was worse than ever, and called him a fool, and I told him not to show himself here again, and for him to get out. He came again in another month and his expression showed that he was happy, and I said to him, "I guess you have gone and done it." "Yes," he said, "there is nothing the matter with me now; I am all right."

Dr. Close—I was just on the verge of asking Dr. Biegler if he gave him the 100,000th potency of amalgam. However, in dealing with these other cases, you cannot send them to the dentists and have the drug taken out, as you can the amalgam. I would like to read again that section from the first volume of the *Chronic Diseases*. Dr. Carleton has no monopoly of that section, and I referred to it in my paper. I will read it again and bring out another point, which he has overlooked. "Thus potentized and modified also, the itch substance (*Psorin*), when taken, is no more an *idem* (same) with the crude original itch substance, but only a *simillimum* (thing most similar. *For between IDEM and SIMILLIMUM there is no intermediate for any one who can think; or in other words, between idem and simile, only simillimum can be intermediate. Isopathic and æquale are equivocal expressions, which if they should signify anything reliable, can only signify simillimum because they are not idem.*"

The point Dr. Carleton makes is, I think, based very largely upon the word Isopathy. He claims that the practice which has been described here this afternoon is Isopathy and not Homœopathy, and that Hahnemann condemns such practice. Now in the passage I have just read Hahnemann distinctly and emphatically says that giving the *potentized Psorin* IS NOT ISOPATHY; because Isopathy would give an *idem* (same), but that the drug *Psorin* has been so modified and changed by the process of potentiation that it is no longer an *idem* (same) but a *simillimum* (most similar). He says that to call such a proceeding Isopathy is to use an "equivocal expression," a misnomer. Hahnemann thereby gently reminds Dr. Carleton that he

equivocates. Dr. Carleton is mistaken in his promise. Hahnemann does not condemn the use of *Psorin*, nor of any other drug, from any source whatever, so long as its selection is based upon the Law of Similars, and it is given in potentiated form. He declares, in the paragraph quoted, that the *Psorin is not used on the Isopathic principle, but because it is the simillimum*. The action is based upon the Homœopathic principle. When we recognize a group of symptoms as portraying and calling for the use of *Arsenic* it is our duty to give *Arsenic* in potentiated form. It makes no difference whether *Arsenic* in crude form has been given or not. But it may help us to a quicker solution of the problem to ascertain that as a matter of fact crude *Arsenic has been given*. It brings up for consideration the question as to how we contract disease, and what the influences are in the universe, which bear upon our vital force and produce what is called natural disease. Whence comes the potency or dynamis which produces measles? What is it? The answer is suggested by the question, "What is the drug given in potentiated form, which *cures* a given case of measles?" Is it not entirely possible that there exists in the vast reservoir of nature's finer forces a spirit-like drug which, taken into the human organism under certain conditions, produces measles, or what we call measles? That spirit-like drug corresponds to the remedy with which we cure the disease. That is the Simillimum. Is not the potency with which we cure a case of natural disease derived from a drug or substance in the physical world as nearly the same as two things can be, as that from the dynamic or spiritual world which causes the natural sickness? What makes us sick? There are high potencies in nature as well as crude drugs. For every material, embodied drug, existing objectively as plant, animal, or mineral, there is a counterpart in the world of force or spirit. Back of the material is the spiritual. The *Pulsatilla* plant is the visible expression of the *Pulsatilla* principle or idea which subsists and has its being in the Divine Mind. Ought we not, therefore, to study a group of symptoms and say, "this is (not measles, but) *Pulsatilla*?" Maybe that which produced disease in the patient was a low potency of *Pulsatilla*, with which the patient came in contact when he was in a particularly susceptible condition. Why does not a high potency of *Morphine* or *Chloral* cure the morphine or chloral habit? and why doesn't the administration of *Tobacco Smoke*, high, cure the smoking habit?

Dr. Davis—I have a case to report later that bears on the question. At the time the remedy was prescribed I knew not of the existence of a drug disease. I prescribed a drug that corresponded closely with the symptoms, and before the patient recovered I learned that years before she had been drugged with that remedy in crude form extensively. The case was rapidly cured by the high potency of this drug carefully selected from analysis of the symptoms.

Now the point I have been thinking of is this. We are authorized by our laws to select our remedies carefully by a study of the symptom totality, and if it does not help the case after a thorough trial, and the symptoms do not change, to give *Sulphur* or some other anti-psorin or anti-miasm remedy, perhaps sycotic remedy, and thus so develop the case that a new remedy may be selected to cure.

Now if this is Homœopathy, and if, as we have just learned, that the drug potentized is not then the *same* drug, but a force which we call dynamic, coming from this drug, it must be the nearest like it in action; hence the *simillimum* to the poisonous effects of that drug, and should be given in a case of such poisoning. We are instructed by the *Organon* to attack the *stronger miasm* first. We are instructed by the *Organon* that *drug diseases* are stronger than natural diseases. If it is right to give *Sulphur* to clear up the case, it would seem to me to be sound practice to give the high potency of a drug to clear out that drug effect upon the system. I think this is following Hahnemann closely in finding the *simillimum*.

Dr. Thurston—It is very evident that there is some difference of opinion here as to what constitutes Homœopathy. When reputable members of this society report certain things *as facts*, it ill becomes us to dismiss them as heresies, without a careful investigation. On the other hand, I can see no evidence of “a new law” that has been referred to, and the term “antidotal treatment” employed appears to me to be a misnomer. We recognize but *one law of cure*. The operation of that law depends upon the *similarity of action* of the morbid and remedial forces. If the cases reported here as treated under the so-called antidotal method are *cures*, it is because they have conformed to the requirements of the *law of similars*: otherwise we have two laws of cure, which is impossible. If we do not understand it, our denial will neither annihilate the fact nor annul the law. I

believe it can be explained. Disease is expressed by symptoms. Symptoms are expressions of a disturbed vital force, and a disturbed vital force is due to the presence of a miasm. Hahnemann declares that no miasm can exist in the organism without producing symptoms, and the latter furnish the sole indications for the remedy. It is imperative then, that the *indications* for a remedy shall be present, rather than the fact that a drug has been abused at some previous time in the patient's history. If suppressions or metastasis of symptoms are elicited as following the use of some disturbing agent, there is demonstrated a relationship which ought to be considered.

Dr. Sawyer—In my cases I have found that in removing the drug miasms the expressions of the natural miasms present have disappeared, but why it is that in removing these drug miasms the natural disease disappears is somewhat puzzling to me as yet. I have some theories, but I prefer not to speak about them until I have followed them out a little more than I have yet succeeded in doing.

Dr. Kennedy—I have knowledge of a lady who, when a child, was fed upon *Blue Mass*. Now, you ask what disease existed before giving that, and I question if anybody can find that she ever had any disease, but probably the good mother thought to purify the blood. Now, suppose that by and by she develops a condition requiring medical treatment and later comes under the care of Dr. Sawyer. He, in the absence of any well defined symptoms calling for a remedy and having thoroughly taken the case, would likely administer a potency of *Blue Mass*, and from our knowledge of Homœopathy we can readily prophesy the result. I believe the same thing is true of a great many cases which come into Dr. Sawyer's hands.

Dr. Sawyer—I firmly believe that nine-tenths of the diseases that humanity is suffering from to-day are caused by drug miasms, and I do not believe the vital force can any more expel the drug miasms without artificial aid than it can psora, syphilis or sycosis.

Dr. Biegler—And also what is coming now is anti-toxine. You have this thing to bear in mind.

Dr. Close—And we must not forget that in the cases of psora sycosis and syphilis, as they come to us, a very large percentage have drug poisoning to treat also. How much damage syphilis alone in a very healthy individual will do, it is very hard to tell

because we have very little data upon which to base any such conclusion, and the same is true of the other diseases. They are treated almost invariably with the most virulent drugs in the pharmacopeia. They come to us as composite pictures of disease and drug symptoms.

Dr. Biegler—And I can trace back these miasms more than than thirty years in some cases. During the war, when the state, local and national governments were so stupid and ignorant as to collect the vaccine scabs from the arms of soldiers, and put them in the hands of druggists for free distribution. Now this is a fact. I remember when the drug stores had their free packages of scabs. This was very largely done and when we trace disease to-day we often find a wrecked constitution emanating from the stupidity of so-called scientists. It was only last week that a physician who is called a good practitioner told me of a case of anti-toxine poisoning. He said to me that the old school physician wanted him, when he could find a case of poisoning treated with anti-toxine to let him see it. The child was the second case in a family (the first case having been lost through the use of anti-toxine), and he found a large black spot on the lower leg showing septic poisoning, and he called in the old school physician who became satisfied that it was a case of poisoning.

Dr. Carleton—Mr. Chairman, I thank you for inaugurating the plan of a round robin for the discussion. It is a capital idea, and I am particularly thankful to you all for the kind way in which you have discussed the paper. The discussion has drifted a little wide of the mark sometimes, but it was interesting, and generally right to the point. To my mind it resolves itself into two or three points; but first let us consider the matter of syphilis and its general diffusion through the human family. It is my belief that it has gone very far, but not that it has poisoned all mankind. Do not forget Hahnemann, and that little book of his, the *Organon*; and that little place in the book where he expresses gratification because his system had always been free from chronic diseases, thus enabling him to record the pure effects of drugs. Do not forget the instances where he states, that he has been very particular in selecting the persons upon whom he would make provings; and that he would not record any of their symptoms unless repeatedly confirmed. In *The Defence of the Organon* we find that Hahnemann frequently was

obliged to select words with which to properly express the sensations reported to him by his provers. Will you allow for one moment what may seem to you a weakness in making a personal allusion? The first Carleton in all time was Baldwin; and after the battle of Hastings, in 1066, he became Baldwin de Carleton. The Carletons were very austere, the evidence of which is readily obtainable to one who will spend the time to look it up. They had the reputation of being very pure in their lives. I am the twenty-seventh in the line from father to son right straight along. My grand-father was a physician. Shortly before his death he said that he had traced the family back a number of generations and, so far as he knew, there was no taint of venereal disease in his blood, and he said, "My son, I hand that record down to you unscathed. My father said the same and I say the same. It is possible to make your experiments with drugs upon the healthy, I am satisfied.

As to the employment of high potencies to counteract the effects of the same drugs, crude, we hear this: "Try it and let me know the failures." Here and now, I accept the challenge. Mrs. B., an old lady living in New York, came under my observation. A good many years before, she had been poisoned by *rhux tox.* in the month of August; and every succeeding August, almost exactly to a day, she would have an eruption which corresponded to the original eruption of *rhux*, and which would last for a number of weeks. She was in the habit of making applications which eventually drove away the eruptions, and she then got sick symptoms lasting her until the next year. The patient came under my observation, as I remarked. It was about the time that Swan was much in evidence, and I was persuaded to give her a dose of *Rhus tox.*^{cm}, (I want you all to kick me). It did not a bit of good and was a complete failure. Some one said, "Try *rhux rad.*" I did and that came no nearer. She was not a good patient, and it was hard to control her, but under my care she received the most benefit from *Cantharides*; that partly cured her, but it did not complete the cure. She passed out from my observation and into the hands of an old school physician and died a few months later. I don't know what their treatment was.

The same may be said of *quinine* and *mercury*. These are two drugs that have been specified here to-day. I have seen the plan fail with both. I have seen it tried in a number of cases,

but never with success. Considerable attention has been paid to the poisoning from amalgam tooth fillings. We have all seen that, and have done our share of battling against it, having had the same experiences over and over again that have been related by members here. I have had the amalgams taken out and the patient recover in the course of time, without the use of *mercury* high. The President's remarks remind me of a number of patients in whom the symptoms of *alum* were found. Baker's bread was the cause. The use of it being stopped, the symptoms would commonly disappear in a short time. If they persisted long, they were met by a similar drug, according to the directions given by Hahnemann—never with *Alum* high. It has been my custom to consult the *Materia Medica*. Hahnemann says antidote these symptoms this way, and those symptoms that way; and that advice has been valuable to me. That is the way in which I do that kind of work. Of course, I have had my fair share of successes and of disappointments; and no doubt every member in this room has had disappointments; but Hahnemann's method of cure is the most successful, whatever may be the cause of sickness.

Dr. Kimball—I would like to ask Dr. Carleton if he had a case of intermittent fever for which he had prescribed without success, and there had been a former suppression of intermittent fever by quinine in the same patient, that, if he gave a high potency of quinine, and soon after cured his case with the same remedies with which he had failed before, how he would account for it.

Dr. Carleton—I think the doctor is honest in his question, and I would say that I want to see one such case, and then I will account for it.

Dr. Kimball—Take these cases of Dr. Patch. If these cases were cured, how are we to account for the cures unless they are Homœopathic? Are these cases to be considered from the same standpoint as that of cases in which there is no history of drug disease or so-called antidotal prescribing, or are we to have a different standpoint from which to consider them? How are we to get over that fact?

Dr. Carleton—I do not know. When I can see one good similar illustration, such as the doctor has put forth, then I will say, "Here is a new system of medicine that beats Hahnemann."

Dr. Close—I want to preface the few words that I have to say with the statement that I have in a number of instances wholly

failed to obtain the desired object when I administered a high potency of a drug known to have been abused in crude form. It is also fair to say that I have, in a similar number of cases, obtained good from so doing. We want to be careful that we do not misunderstand each other's position. As I take it, what Dr. Carleton is opposing, and what we should all oppose, is the arbitrary, unreasoning following of any dictum. Let us suppose a case. A patient comes to me; I carefully examine the case, analyze it, and gather all the symptoms. I study out a remedy and I find that which closely corresponds with *Arsenic*. I give a high potency of *Arsenic* and my patient improves and continues to improve until the cure is complete. Some day I find out accidentally that years before my patient had been drugged with *Arsenic* in massive doses. That accounts for the cure, and it also accounts for the action of the disease. There is no objection to that I am sure. I have cured a group of symptoms with a well proven remedy; selected in accordance with the law, after a careful study of the symptoms, in ignorance of the presence of the drug miasm. When drugs have been taken they produce symptoms, and they may be recognized by their symptoms. It may be that with a large amount of experience we may be able to use, to a certain extent, what is known as the Key Note System. As I understand it, the theory under discussion is practically only the application in a new form of what is termed the Key Note System, or a short and easy way. It is reliable under certain conditions. We can only tell whether *Arsenic* is the indicated remedy by a study of the symptoms, because there may be present in that case not only *Arsenic*, but disease elements which will, in their entirety, compose a picture that will not be *Arsenic* at all, but some other drug; but if we can find the simillimum we shall cure the disease. It may be *Arsenic* or it may be something else, but we want to be exceedingly careful not to prescribe *Arsenic* simply because we learn that *Arsenic* has been taken, without a careful examination of all the elements of the case. If, on examination, the simillimum proves to be the remedy which has been abused, and a high potency of that remedy is given, it will cure. If not, we shall fail. The theory under discussion may lead us, if we use it rightly, into a position where we can prescribe more easily. When we are thoroughly familiar with the character of the drug whose characteristics are before us in a given case we recognize

it easily, and can estimate its influence as a disease-producing agency, but we must be exceedingly careful.

Dr. Sawyer—I don't want to impose upon the Society here, or keep them too long, but I would like to say a few words. I wish to say, in the first place, that there is no such thing as chronic *Rhus tox.* poisoning. We all know it is a very easy matter to stir up latent psora. I think that, particularly in *Rhus tox.* poisoning, such symptoms are common, and may have stirred up latent *sulphur* poison. Now, our friend here does not tell us what drugs his old lady had taken. There is no history of drugs that show out on this case, and we do know that *Cantharis* is one of the deep-acting, long acting drugs, and a greater drug than *Rhus tox.* Hence, if she had any drug miasm it was not following out Hahnemann's teachings of *attacking the greater miasm first*. This is one of the sources of error, one of the ways in which we are mislead, but supposing we have followed out Hahnemann's idea, we have not done it at all. Another thing; brother Close speaks of our knowing the totality of the symptoms; this is all we ever need know, *provided the single remedy* was given by our "scientific rational" brethren, and would know how to cure them without any history of drugging, but as they do not give the single remedy we are compelled to be guided to some extent by the history of mixtures that have been administered, for we get the combined action of drugs that have been administered. Who on earth can tell what any individual has taken, and very often if you know the ingredients of your prescription can you remove the effects of the combination by any single remedy? If the four natural miasms are present, with perhaps forty or fifty drug miasms on top of them, and given in groups of from three to a dozen massed together, can you cure the natural, the less miasm without *first* removing the *greater*—the drug miasms? Nay verily, that is where the necessity comes in of having the history of the druggings and the formulæ they have been using. As I understand it, any remedy to cure must act along the same line, and in a similar manner. Now, what can be so similar? What does act along the same line, and in so similar a manner as a high potency of the same drug? It must necessarily be. We can see that from reasoning, and the results demonstrate the truth of this proposition. Brother Close spoke of the theory advanced here of the similarity between Swan's teaching and mine. I deny

that there is any similarity at all. Swan taught that *syphilinum* would cure syphilis. Will it do it? No sir, not if you have drug miasms, or psora present, it will not cure because there are greater miasms in the way, and if that is not the homœopathy of Hahnemann I don't know what is. This is Homœopathy, as I understand Hahnemann to have taught it. He lays down a few cardinal principles, but all the rest is explanatory of these cardinal principles, and one of the chief among these is the law of attacking the greatest miasm *first*, and I do not know that it is second even, because you may apply your law of similars. Ignoring that fact, we fail, *and that is why we fail*, simply that and nothing else. So far as finding a Simillimum is concerned, it is sometimes exceedingly difficult, but if we have a drug miasm present, and we do know that it is a greater miasm than the natural one that is manifest now, we have got a fact to work on. We have got a law to guide us. I have tried time and again to show the dire effect of ignoring the drug miasm, in the ordinary way of taking the case and treating it. Ignoring these laws we fail to cure, and that is why homœopathy *seems* to fail. When following the law of attacking the greater miasm, *first*, according to the law of the similar, they *never* fail. This is God's law of cure, and whenever there is a cure, a *genuine cure*, it is infallibly under the law of similars. I knew a case of *Cinchonism* and *Natrum mur.*^{cm.} removed the malaria group of symptoms. Had he cured it? That patient died of Diabetes Mellitus, and from *Quinine*. Such *stuff* as that passes for Homœopathy—AMONG THE BLIND.

Dr. Carleton—Mr. President, since my closing remarks, which re opened the discussion, we have witnessed a remarkable transformation. The challenge to try the new doctrine, and report failures, having been promptly accepted by me, a change of base has been made. Now the claim is, that there is no such thing as chronic *Rhus* poisoning. All the time, talk and ink that have been used in a number of years, to convince stubborn fellows like me, that the proper way to cure the effects of *Rhus* with *Rhus* high, instead of with another similar medicine, are gone at one fell swoop. Of course *Mercury* high against *Mercury* low, and *Quinine* high against *Quinine* low, and *Tea* high against *Tea* low, and *Tobacco Smoke* high against *Tobacco Smoke* low, and the entire group of beauties must go also. That is a pretty good day's work.

As for their claim about mixing up *psora* with drugs, you will observe that the same *practice* is recommended as before. [Mr. Stenographer, please make that word *practice* emphatic]. The rose seems to be sweet even though the name be changed. No matter, then, what the name may be. I have shown that Hahnemann condemns the *practice*, and am content. Formulate your new system of philosophy; proselyte if you will; do as you please; but in the interest of truth do not put on this label—"Homœopathy."

Adjourned to 10:30 a. m.

WHAT DOES SHE WANT?—Within the past forty years woman has demanded of man much that he has graciously granted her. She wanted equality with him, and it has been given her in all things for which she is fitted, and which will not lower the high standard of womanhood that he desires for her. This she accepts without relinquishing any of the chivalrous attentions which man always bestows upon her. The new woman tells us that "an ounce of justice is of more value to woman than a ton of chivalry." But when she obtains her "ounce of justice," she apparently still makes rigorous demands that her "ton of chivalry" be not omitted. Woman asked to work by man's side and on his level; and to-day she has the chance of so doing. The fields of knowledge and opportunity have been opened to her; and she still "desires that of which her grandmother did not dream," because, like an overindulged child, so long as she is denied one privilege, that privilege she desires above all others. She has decided that without the ballot she can do nothing, for in her vocabulary ballot is synonymous with power.—*Forum*.

Ophthalmology, Otology and Laryngology.

PARALYSIS FROM OCULAR REFLEXES.

E. T. ALLEN, M. D., PH. D.

Prof. Ophthalmology, Dunham Medical College, Chicago.

By paralysis we mean a loss of muscular contractility and consequently a loss of power of motion. There may or may not be a loss of sensation; also paralysis may be general or partial. It may come on slowly or suddenly and it is generally considered a difficult symptom to cure, chiefly for the reason that the cause of the trouble is usually undiscovered.

Dr. DaCosta has been considered for many years one of the highest authorities on diagnosis and he divides paralysis as follows:

1st. Those due to a disease of the brain or spinal cord, such as tumor, clot or softening.

2d. Functional palsies, due to hysteria, over-work, excesses or exhaustion.

3rd. Paralysis due to an injury in the course of a nerve, impeded circulation, or to a morbid condition of the muscle.

4th. Paralysis due to poison.

5th. Paralysis due to reflex action. Of the latter and by far the most frequent he says: "Here the paralysis is produced through the medium of the spinal cord which reflects the irritation to parts healthy in themselves. * * How else can a wound of the nerve of one side of the body lead to a paralysis of the other? *The most common cause of the trouble is peripheral irritation.* * * It is increased or diminished as the causes which produce it increase or diminish, and, as a rule, soon disappears after the source of the disturbance is removed. It may affect any part of the body and even assume the paraplegic form."

The above was written more than twenty years ago, and ten years before Stevens proclaimed the results of his researches into ocular reflexes. But the principle above enumerated is as true to-day and as true of ocular reflexes as it was before the discovery of refractive and muscular irritation.

Partial paralysis of a reflex order often attack one-half of the face and are distinguished from an injury of the nerve by being associated with dropsy of one eye-lid. One side of the face reflects every change of feeling, while the other is impassive. In Bell's paralysis the same symptoms exist but the eye is wide open and staring. Rarely both sides of the face may be affected. One side of the tongue, one eye, the pharynx or oesophagus, the diaphragm, one hand or foot, the sphincter of the rectum or bladder, or the organs of speech may be paralyzed without any other part of the body being affected. Shooting palsy and the so-called creeping paralysis are usually reflex troubles, and while it is true they may arise from irritation in any organ of the body, there is no cause which so frequently produces them as an unbalance of the ocular muscles, and as DaCosta long ago declared, the removal of the cause is essential to the cure.

A few cases from my note book will substantiate this statement.

Case—Mr. E. L. E., aged 66, sent to me by Dr. A. F. Harris, of Chicago, July 22, of the present year. The left upper lid was completely paralyzed and hung down as if lifeless. The pupil was widely dilated, the eye turned outward, and motion greatly curtailed upward, downward and inward; in other words, the motor ocular nerve was paralyzed. The ophthalmoscope showed no swelling of the optic nerve disc, nor was there any evidence of brain lesion. The trouble came on quite rapidly. The eyes had been apparently perfectly straight before the paralysis occurred, although the vision of the left eye was only 20-200. With a lens of 2 sph. a., 1.50 cy. ax., 180, I brought it up to 20-40. July 24, I divided the left external rectus muscle completely and began applying Faradic electricity daily. Improvement was fair for two weeks. He could then open the eye for one-fourth of an inch. There was still a divergence of 20°, and August 19 I completely divided the external rectus of the right eye. This was followed by very rapid improvement, an exophoria of 15° still remaining and a hyperphoria of 2° appearing; both were corrected with prisms combined with the required cylinders. Sept. 7 there was perfect motion of the eye in every direction and the left lid could be opened fully as wide as the right.

Case—Mrs. D. J. E., aged 56, came to see me Dec. 30, 1895. Had a complete paralysis of the left side of the face three years

before and of the right side in June of same year she consulted me. The left eye-lid drooped badly. The skin and flesh of her face fell in heavy yellow folds. Her tongue and vocal organs were so badly paralyzed that she was not sure she would say the word she meant to utter, and some times no sound was articulated, the breath impulse of the word only being noticeable. Examination showed 15° of exophoria and 4° of hyperphoria. Glasses to correct the heterophoria were adjusted and by Jan. 20 she was much better, the mouth and face drawing less to the right side. May 8 a sufficient gain had been made to warrant a tenotomy of the left external rectus, which was performed on the 11th. At present, speech is perfect and there is a natural expression to both sides of her face and eyes.

Case—Mrs. L. E. L., age 44. sent by Dr. F. O. Pease, of Chicago, May 18, 1896. Had shaking palsy of left hand, associated with nervous prostration and terrible headache. Her vision was perfect. Exophoria 4° near; nothing for distance. Higher prisms were prescribed with the result of bringing to light 16° of exophoria. July 23 she wrote me: "I have not been so well in twenty years. I feel like a new woman. I never used to go out without being sick. Now it does not affect me and my shaking has almost entirely stopped."

Case—Rev. R. E. M., age 55. Had shaking palsy of head and right hand; left eyelid drooped; right hyperphoria 4° , esophoria 6° distance. Higher prisms were prescribed, beginning Jan. 7, 1896. April 20 he reported the head had ceased shaking entirely. I operated upon the inferior rectus of the left eye, thus causing the repression of nerve waste to continue during sleeping as well as waking hours. June 1 the left lid no longer drooped at all, and at present the hand is almost perfectly quiet. One interesting point in the case is that once when I reversed a prism to verify a certain test all the symptoms became greatly aggravated, thus showing that it was the prisms alone—not the medicine, as claimed by the attending physician—that was accomplishing the cure.

Space is too short to relate numbers of other cases, including paralysis of various other parts or organs of the body.

Dr. Prentice in his little work on the eye gives quite a number of cases similar in character, illustrating the effects of higher prisms and tenotomies and at present medical attention is being largely directed to defects of the eye as the *causa morbi* in nervous complaints.

People's Department.

WHY I BECAME A HOMŒOPATH.

JOHNSON CORNERS, KY., Dec. 17, 1872.

My Dear Tom:—I cannot let your characteristically impulsive letter remain unanswered for fear you might imagine that I had already gone to the dogs and given you up in disgust. Every time I read your letter an amused smile appears upon my face, but very soon it disappears, because I know how intensely earnest you are in this matter and that you really feel as if I would commit the unpardonable sin; that I was selling my birth-right for a mess of pottage, but do not imagine, old fellow, for one moment that I am a homœopath, or that I have any intention of becoming a homœopath, because I have expressed a determination to find out for myself what is really meant by the term homœopathy; and you have no reason to look upon me as a traitor or a fool, because I seek to investigate what you have rejected without so much as knowing the fundamental principles underlying the practice of medicine. I have neither accepted or condemned, but I do expect to examine with as little prejudice as I possibly can bring into the investigation and you may rest assured if I do find an element of truth underlying its principles, I shall not be afraid of the result, but will try to so thoroughly comprehend the truth that I may be able to reject the error and thereby strengthen my power for healing the sick. When you have carefully considered my position you cannot fail to commend the course taken and I will make this prediction that inside of three years you will find yourself compelled to go over the same line of investigation that I am now making at the beginning of my medical study, when that element of uncertainty will forever be eliminated from your future study. The more I think of it the more I am convinced that the only way to eliminate error is to subject it to a thorough investigation, when truth will shine forth with added lustre, because of its separation from that which was false. I believe that the only way that homœopathy can be downed, if it be false, is to subject it to the same rigid test that we would subject any other scientific proposition, instead of adopting the policy taken by yourself of ridiculing and then con-

demning and finally seeking its annihilation by means of the professional boycott. If I did not know that you were already ashamed of your letter I would demand an apology and insist upon your withholding your judgment until either you or I had investigated and reached some conclusions. I recognize the advantage of discussion and am perfectly willing to discuss this matter with you just as soon as I have anything to discuss, but at the present the only thing that I can insist upon is that you suspend your sentence until you have given me a fair trial and thereby learned whether I am guilty of any offense or not.

I have the *Organon* that you sent me and in the short time since its arrival have read it through—a thing you have never done. It is true that the reading was superficial and it is likewise true that much of its contents were beyond my comprehension, and I am willing to confess much of it seemed to be an exceedingly labored argument, as though the writer of it had gone beyond his depth and was trying to conceal his dilemma by the use of many words. I do not wonder that people have called him crazy, because the argument seems to ignore almost every accepted principle of physical phenomenon; in fact I imagine that he does not regard disease from the same standpoint as we have been accustomed to regard it and possibly that is the reason for the intense antagonism to the whole system. From my superficial reading it would seem as if the establishment of the truth of his theory would prove that the whole structure of medicine has been resting upon a false foundation from the beginning of time. I may be mistaken in this, but the little reading I have given the subject makes me determined to follow the matter to that point when I shall either be convinced of its error or converted to its principles. There is one thing about this matter, however, that seems in its favor and that is the impression I have gained that perhaps this difference of opinion may be due to the fact that he seems to go in a little deeper than others and to place the cause a little further back; in other words, he seems to go beyond the material into the dynamic or spirit, that he is seeking to determine the first cause instead of the result of that cause acting upon material elements. But as I said a few moments ago, I will not discuss this question at present.

Since writing my last letter my arrangements are nearly completed for going to Philadelphia and I hope during the holidays to make the change and to accept the position that has been offered me in a pharmacy located in that city. If my plans materialize I will immediately seek the advice and assistance of some physician who has explicit faith in this philosophy and is at the same time willing to help me in my investigations; until that time let us dismiss this subject and resume our old friendly relations.

Editorial.

SOCIETY OF HOMŒOPATHICIANS.

We recall no paper that has appeared in the *ADVOCATE*, which has attracted so much attention as the article presented by Dr. Close of Brooklyn, at the recent meeting of the Society of Homœopathicians in Narragansett Pier. Through oversight on our part due credit was not given the Society, which brought this paper into life, but the readers of the *ADVOCATE* for the next three or four months will have the privilege of not only reading a series of articles prepared by some of the best men in our school, but at the same time a discussion of these papers from such stalwart homœopathicians as Biegler of Rochester, Close of Brooklyn, Carleton of New York, Kennedy, Thurston and Kimball of Boston, Patch of South Framingham, Adams of Toronto, Sawyer and Pease of Chicago, and Davis of Quincy. There are larger societies made up of those who more or less perfectly represent the principles laid down by Hahnemann, but it may be questioned whether there be another society in existence containing a clearer knowledge of these principles or showing greater enthusiasm and fidelity in both the teaching and practicing of its precepts.

The paper presented by Dr. Edmund Carleton of New York, on "Hahnemann versus Isopathy" brought out, perhaps, the best discussion of the treatment of drug diseases with high potencies of those drugs which had been instrumental in producing the same, that will appear in this or any other journal for some time to come; showing conclusively, if it shows anything, that the only way for these questions to be settled is for the profession to first learn the principles involved and then test the same in their actual practice, recording both favorable and unfavorable results. Believing as we do that every cure made, is made by the application of influences in accordance with the law of *similia*, whether the principles be recognized or not and so long as the fact exists that seeming cures have been made by the application of remedies in accordance with this theory it

behooves the profession to leave no stone unturned until they shall have determined the possibilities of the principles and the practical application of the same. If it be true an advantage is placed in the hands of those who faithfully apply the same, the value of which cannot be overestimated. We believe no more important question stands before the profession to-day and the indications are that through its application an insight will be made, not only into the nature of disease, but also the reason why remedies with a high degree of potentization possesses such remarkable curative properties.

The ADVOCATE offers its columns to a fair, impartial discussion of this question in all of its phases, and will gladly publish everything of value that may be presented.

THOSE FIVE HOMŒOPATHIC COLLEGES.

It is amusing to see the spasmodic contortions of our worthy Chicago contemporaries over the alarming number of homœopathic colleges in this great city when it is a fact patent to all careful observers that had the Illinois State Board of Health the power they could legitimately require the two older so-called Homœopathic colleges to greatly change the character of their teaching or haul down their signs—HOMŒOPATHIC—HAHNEMANN. It is a fact that should act as a thorn in their flesh that in all probability their never would have been more than two homœopathic colleges in Chicago had either of the two older colleges simply refrained from ridiculing and thereby driving from their midst what little homœopathy had found a lodgment therein.

We have been seriously handicapped in getting out the November issue through a series of unforeseen and consequently unprevented interruptions in the form of sickness, loss of proof sheets, etc., but these delays are now past and we are now better prepared to meet future contingencies, so that the December number will appear about the tenth of January and the February number will come out upon time.

Book Reviews.

Lippincott's Magazine for November. The complete novel in the November issue is "An Interrupted Current," by Howard M. Yost, a new writer with a happy knack of story telling. The scene is in eastern Pennsylvania, and the action turns on tracing the perpetrators of a bank robbery and their plunder. "Simon Smith" was the alias of an innocent fugitive from justice in Colorado, who was sheltered by a clergyman of the improved modern type. His tale—from and to the life—is from the pen of the late Dr. William R. Mackay. Le Roy Armstrong, in the sharp western manner, tells of a kind of "Journalism that Pays." "The Land of the Five Tribes," *i. e.*, Indian Territory, is instructively described in brief space by Allan Hendricks. Alvan F. Sanborn casts some light on "English Traits," and R. G. Robinson on "Florida Snakes." "Modern Ancestors and Armorial Bearings" are lightly handled by Adriaan Schade van Westrum. The "Two Sides" of a long-standing controversy—between editors and those who seek to be contributors—are considered by Frederic M. Bird. Dr. James Weir, Jr., a promising naturalist of Kentucky, finds in some of the animals what he calls "The Sixth Sense" or homing instinct, which enables them to return promptly to their quarters after an outing. "Bread, Condiments, and Fruits" are discussed in order by Calvin Dill Wilson. "The Wind" is imaginatively treated by William Potts. The poetry of this number is by Ella Gilbert Ives, Carrie Blake Morgan, and Prof. Charles G. D. Roberts.

Atlantic Monthly for November contains the opening chapters of Colonel T. W. Higginson's *Reminiscences*,—the most interesting recollections that have anywhere appeared. Col. Higginson's career as a writer, soldier, and man of letters, covers the last half-century, and there is hardly a man or a movement of that time that he has not been identified with. Col. Higginson has chosen the attractive title, "Cheerful Yesterdays," and the first installment is a "A Cambridge Boyhood." In it he gives a delightful glimpse of the Cambridge of an earlier time as well as a vivid picture of New-England boy-life of sixty years ago. His home, his school, and his comrades are described in a charming fashion, and this opening chapter promises much for the installments which are to cover the more mature years of his life.

Review of Reviews, in its November number, publishes a series of letters on the political situation in the closing days of the campaign in the great States of the middle West. These letters were written by fair minded and trained observers of American politics, and are valuable as giving truthful pictures of one of the most exciting Presidential contests in our National history. Profs. Folwell, of the University of Minnesota; Ely, of the University of Wisconsin; Henry C. Adams, of the University of Michigan; Dr. Washington Gladden, of Ohio; Mr. N. O. Nelson, of St. Louis, and equally competent observers in Indiana, Kentucky, Iowa, and Nebraska, participate in this symposium. The *Review* discusses the state of the canvass on the eve of election with the editorial candor and perspicacity which its readers have come to expect in such a crisis.

Our Monthly Review.

Cocculus Indicus. Dr. Alfred C. Pope, in the *Homœopathic Review* for June, presents the following conclusions on the pathogenetic action and therapeutic uses of *Cocculus Indicus*. He says in Hahnemann's time it was only known as a poison for vermin and for stupefying fish as a means of catching them. Of late years it has become a favorite means of adulterating beer, and of so stupefying human beings. This action is due to irritation of the cerebro spinal motor centres; and among the results produced by *Cocculus* is persistent vomiting, abdominal spasm and colic frequently induced in sea sickness, the results produced by the motion and jar of carriages, street cars and railway trains. In each instance it is the nerve centre that is directly at fault, the mucous membrane of the stomach and bowels being influenced indirectly. Mentally, the patient is extremely anxious, with the feeling as though he had committed some wrong. Great fear; sensitive, peevish. The headache is peculiar because of the whirling sensation induced on rising in bed, with an inclination to vomit which compels the patient to lie down. The toxic effects are shown in three stages. 1st, restlessness; 2d, clonic spasms, opisthotonos followed by clonic convulsions, extending from above downward. During this period there is vomiting, biting of the tongue, syonosis of the lips and tongue, involuntary emission of the urine and feces; 3rd, collapse; apparent death. Decrease in the rapidity of the circulation and respiration, with recovery of consciousness at the end of a few moments. When he attempts to walk, has another seizure stronger than the first. The similarity of this to paralysis needs no comment. The symptoms induced by *Cocculus* in the back show a nervous rather than a muscular origin. The cervical muscles are stiff and seem unable to support the head. There is a feeling in the spine as if it would break. An oppressive pain in the lumbar region. Limbs tremble; become stiff with painful lameness and more or less loss of power. Arms feel asleep; they ache while eating. It is important to notice the aggravation of paralytic like symptoms during eating. Almost all the central nervous symptoms provoked by *Cocculus* involve the stomach. In the forearm a kind of paralysis is noted, which makes it difficult for the writer to hold his pen. Feels as if the hand was asleep. In writer's cramp it will be especially indicated in worn, irritable subjects.

Head Aches with Vomiting; Sanguinaria. For two years, about every three weeks, beginning on awaking in the morning. Belching of flatulence, then frontal headache occurs; sharp, paroxysmal pain with intervals of dull aching, followed in about three hours with vomiting or retching, which is relieved if patient can sleep; otherwise, persists for five or six hours. These attacks occur every other day for about a week, then cease for about three weeks. There seems to be no relation to menstruation, which has always been profuse, lasting ten days, with dragging pain before onset, and constant backache during interval. The headaches are much aggravated by hard work,—(*Homœopathic Review*).

Dysmenorrhea and Headache. Actea Racemosa. Woman, aged 37. Married nine years. Plethoric. No family. Menses regular, scanty. Brown in color. Last three days. Pain begins one day previous and lasts two or three days. Bearing down deep in pelvis. With this painful menstruation the patient suffered from frontal and occipital headache, pain shooting at times into the eyes. Described as splitting, dull and heavy with nausea. Throbbing felt at back of eyes. It is to be noted in this case that the Actea was not a similia, because of a tendency of the headache to return with each menstruation, where it ought to have removed the tendency, had it been clearly indicated.—(*Homœopathic Review*).

Pulsatilla and Cimicifuga. School boy, aged 10. Suffered attack of dysenteric diarrhœa, cured by mercurius. Six months after he complained of wandering rheumatic pains in his head and joints. Perspired at night. No cardiac symptoms or cough. Bowels regular, temperature normal; tongue clean, moist. Will eat butter, but not fat. Pulsatilla relieved all symptoms in a fortnight. Two weeks later, pains returned and were described as "catching him suddenly in various parts, and fixing him." Soreness about ankles. No tenderness or redness. Moans in sleep and fidgets. Ordered Cimicifuga. Cure complete.—(*Homœopathic Review*).

Rachitis. Calcarea Iod. Child, aged 8 years. Has never attempted to walk. Is unable to stand or even raise himself. A well marked case of rickets. All the usual symptoms present. Lively and cheerful. Has good appetite. Bowels constipated. Within a fortnight decided improvement. Child making attempts to get up. In one month a tooth was cut. Four months after commencing treatment fontanels were closed and child could stand. In five months he walked well. Symptoms greatly diminished. Child vigorous and strong. During treatment the child suffered from ascarides and convulsions.—(*Homœopathic Review*).

Thlaspi Bursa Pastoris. Dr. J. C. Fahnestock, of Piqua, O., has made a proving of Thlaspi Bursa Pastoris which confirms what Rademacher said years ago of this remedy, and Dudgeon's more recent experience with it. Prover No. 1 experienced an increase of urine from a normal of 25 oz. to from 85 to 88 ounces under 15 drop doses of the tincture every two hours. Prover No. 2, under the influence of 10 drop doses of the drug experienced an increase of 10 ounces of urine in twenty-four hours. As the effect of the drug passed off, the urine diminished, with red sediments, this being the last of the observed symptoms persisting for awhile after the other had passed off. Prover No. 8 under the influence of five drops of the ninth dilution experienced the increase of urine. On the discontinuance of the remedy, with the subsidence of the urine passed came red, sandy deposits. Among other marked symptoms experienced by these provers, was puffy or swollen eyes. The effect of Thlaspi seems to be that of flushing out the kidneys and bladder, taking along with it the uric acid, brick dust and sand that may be in them. Whether it will cure the conditions causing these formations is another matter. But after they are there and giving the patient trouble, there seems to be nothing better known in medicine to free the system of them.—(*Homœopathic Recorder*).

A Bacillinum Case. A widow who had recently nursed her husband through eighteen months of illness due to tuberculosis, and who had died only

a few months previously. Several members of the patient's immediate family had also died of tuberculosis. Symptoms prominently presented by the case were as follows: Anorexia and impaired digestion. Marked emaciation with the chest conditions characteristic of tuberculosis condition. Hacking cough day and night; profuse night sweats and a continuous fever, which attained its greatest height in the middle of the day. The pulse was correspondingly accelerated and easily excited. Strength was exhausted, and the patient was compelled to lie down most of the time. The chest was found to be greatly emaciated and sunken below the clavicles, but bruit over the sub-clavian artery was pronounced. There was marked dullness over the apex of the left lung as well as in areas over the anterior surface of the upper lobe generally. Posteriorly no lesions could be detected, nor were any detected in the right lung. A diagnosis of tuberculosis was rendered and the family informed that an unfavorable termination might be expected. Bacillinum³⁰ was administered, a dose being given every seventh day. Improvement was noticed after the first dose, and after the sixth progressed to a cure within between two and three months. Eighteen months have now elapsed and no evidence of the former trouble is discoverable. Excellent health has supervened upon the broken down and exhausted condition.—(Dr. J. A. Freer, in *North American Journal of Homoeopathy*).

Hydrocyanate of Iron in Epilepsy. The ordinary approved methods and remedies in my experience have been signal failures, their effect being to produce and hasten the very mental disturbances and physical decay which the disease itself is sure to produce. It is a great satisfaction to turn from the old beaten track and from the demoralizing bromides to the adoption of hydrocyanate of iron, which has a benign and reconstructive influence on the system, being pre-eminently a neurotic tonic and valuable in other diseases than the one under our consideration. The fact that this remedy of late proves more valuable than heretofore may be owing to improved methods of manipulation in the laboratory, as the maximum value of any remedial agent depends largely upon, the perfection of its preparation. My own experience with this remedy has been most gratifying, and I believe it may well be our primary dependence in all cases of epilepsy save those which come within the realm of surgical interference. I will cite a case of a man aged 35 who traced his epileptic state to no traumatic origin, nor does his history reveal any habit, condition or inherited tendency sufficient to account for the disease. He was apparently in perfect health when first stricken down. The subtle, undermining influence at work in his system may be termed idiopathic, the least understood and the most difficult to overcome. He had been treated by several physicians, one a specialist in New York. His attacks were so frequent and persistent that finally his medical advisors ceased to give him hope, and he relinquished all treatment and came East in hope that a change of climate might benefit him. Continuously from his first attack his body had been covered with yellowish blotches about an inch in diameter, which would assume a deep orange color previous to a paroxysm. I prescribed Hydrocyanate of Iron. Previous to taking the treatment he was nervous and restless every night until toward morning, when he would fall into a deep slumber, breathing heavily, and would awake with a headache. His memory, formerly good, was now very defective. His whole physical system was weakened and his mind

comparatively inactive. His native ambition and energy had degenerated and he was indolent and inclined to nothing but to eat and lie down. The blotches referred to have completely disappeared and there have been no severe convulsions since the commencement of the treatment. The only attack was a light one and of short duration. He is now engaged in business, but I shall advise the continuance of the present treatment for twelve months, as I never deem it wise in epilepsy to relinquish combative measures within a shorter period than this.—(*Hæmorrhagic News*).

Use of Dry Sponges in the Toilet of the Peritoneum. By the "toilet of the peritoneum" I mean all that part of abdominal surgery that looks towards an aseptic condition of the peritoneum. The steps which contribute to this end may be active or passive; that is, these principles may be obeyed by doing nothing—the peritoneum be clean—or the most active measures may be called for to accomplish the same end. The technique includes non-interferences as well as interference. The judgment of the surgeon which directs him to withhold his hand from manipulating the peritoneum, is quite as conducive to the success of the operation as the more active mechanical cleansing of the serous surfaces. Comparatively few abdomens which are opened call for any toilet, for we must bear in mind that the peritoneum is healthy unless invaded by disease, synonymous in this instance with septic organisms. We must also remember that the protecting surface of this most extensive of serous membranes is easily removed, and, when removed, leaves exposed the underlying structures, which favors absorption of any noxious material that may be present. The point of the toilet to which I wish to direct attention, is the use of dry sponges. The ideal material for this purpose is the softest, most readily absorbing substance obtainable. But other qualities must be taken into consideration. Sea sponges meet the first requirements, but after one using, no process that their texture endures will render them surgically clean. If, therefore, we cannot use a fresh set of sponges with every operation, as aseptic surgeons we must discard natural sponges from our armamentarium. I have substituted for them the sterilized gauze and cotton balls. My directions for their manufacture overcame the objection of the roughness of the gauze and the liability of shreds of lint being left in the abdominal cavity. Cheese cloth of medium quality is boiled for one hour to insure removal of all dressing and to render it aseptic. This is then cut in discs of six inches in diameter. A gathering string is then run around them, sufficiently far from the edge to permit the same to be turned in when they are drawn up. Before tightening the string, a piece of absorbant cotton the size required for the completed sponge, is placed in the gauze and the string then tightened and secured. The sponges thus made are sterilized and not removed from the sterilizing tubes until required for use.

While the toilet of the peritoneum frequently requires water, I believe this to be an unfortunate necessity and one resorted to oftener than required. I cannot but believe that flushing the cavity with quantities of water is injurious and conducive to traumatism of the peritoneum. Some cases require this cleansing, when there is reason to believe that pus has escaped and is lying in the interstices of the abdominal cavity. No other means will suffice for its removal. But I never introduce any fluid into the abdomen unless absolutely necessary, and then with a mental protest and a careful balancing of the ad-

vantages of removing every particle of noxious material, against the disadvantages of injuring the peritoneum in hitherto intact regions, the consequent forming of absorbing areas and the formation of adhering surfaces between pelvic and abdominal viscera. But I feel more confident in our art to meet such a condition than to control septic poisoning.—(H. I. Ostrom, M. D., in *Medical Times*.

Chronic Opium Poisoning. S. H. Jones, in the *Minneapolis Homoeopathic Magazine* for October, resurrects the following proving from the Confessions of an English Opium Eater, which is well worth reproducing in our literature, covering as it does, a period of fifty-one months, during which time he takes, in round numbers, 1,500,000 drops of laudanum. After describing the effects of the drug, he affirms that he experienced:

1. It causes sleep.
2. It causes sickness or nausea of the stomach.
3. It creates an agreeable lassitude or languor.
4. It is generally very astringent to the bowels.
5. A long and free use of it materially lessens the memory, and possibly the abilities.
6. It gives warmth in cold weather.
7. It causes thirst and heat.
8. It causes pleasure and quietude of mind.
9. It now strings the nerves and muscles, strengthens the frame and makes it capable of bearing any fatigue.
10. It gives extraordinary brightness to the eyes.
11. It causes exuberance of spirits, that according to the quantity taken approaches to ecstasy, and in a very large quantities gives an opium eater the appearance of an enthusiastic semi-lunatic.
12. It causes pleasant dreams, and a gentle half slumber, or a state between sleeping and waking, of indescribable pleasure.
1. It also causes watchfulness, or the faculty of going for a long period without sleep.
2. It quells sickness or nausea.
3. It enables a person to bear almost incredible fatigue.
4. Sometimes it causes a violent looseness.
5. During its operation it strengthens and enlivens the mind, causes aptitude for business and gives unwonted vigor to the thoughts and that kind of poetic fire that wine will sometimes give to an imagination of a delicate texture.
6. And enables a person to bear the most searching heats of summer without inconvenience.
7. Yet is often cooling and diminishing (sic) thirst in fevers, AND HAS BEEN KNOWN TO CURE A DROPSY.
8. It also causes uneasiness, catchings and startings in the body and sometimes delirium and death.
9. It also relaxes the fibres, causes nervousness and brings on all the symptoms attendant on dram-drinking, and a premature old age if continued for many years.
10. It also gives the eyes the dead and glazed appearance of intoxication.
11. It also clouds and dulls the mind, creates languor, a black melancholy, listlessness, disinclination to move or speak, and a vacuum in the thoughts.
12. It causes horrible visions, flitting before the eyes, terrifying dreams, and ghastly appearances in the sleep.

Besides these symptoms so contrary to each other, opium has the following effects: It yields a certain cure to colds and coughs and difficulty of breathing, or, rather, it prevents them. He says that during the eight years he has taken it, he has never had a cold or cough a day, though frequently wet through, both boots and stockings, without changing them.

The Hahnemannian Advocate

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Materia Medica.

ARSENICUM.

EDWARD FORNIAS, M. D., PHILADELPHIA.

The extent of usefulness of this valuable drug can only be estimated after having obtained a thorough knowledge of its special and general symptomatology, for the entire organism is under its powerful influence. No tissue or organ of the body seems to be exempt, the nervous or vascular systems, and the mucous membranes and skin being undoubtedly the parts most deeply affected. Under its energetic action we see the functional activity of the organs highly disturbed; the cellular elements of tissue, increased, decreased, changed and destroyed; and the fluids of the body altered, polluted and disintegrated. It operates with variable intensity and progressive effect. We observe ascending degrees of morbid action of various types and location,—from the mildest mental excitement to frantic desperation,—from gentle wandering to boisterous delirium,—from mere fidgetiness to distressing erethism,—from slight acceleration of the blood-current to the most violent febrile storm,—from impeded functional activity to positive paralysis,—from trivial irritation to destructive inflammation,—from localized serous effusion to general dropsy,—and from simple shortness of breathing to orthopnoea. The universal key-notes of *Arsenic*, however, are the *rapid sinking of the forces* (adynamia), the *unappeasable anguish* (agony), and the *persistent restlessness* (erethism), of which some evidence remains, even when life seems

almost extinguished. The nervous phenomena unite together to form that *ataxo-adyynamic condition*, so characteristic of this drug, and which we so frequently observe in malignant diseases of a febrile or inflammatory character. Other elements of decision, which should always be borne in mind, when consulting this remedy, are:

- The nocturnal inquietude.*
- The uneasiness of the limbs.*
- The constant change of position.*
- The sense of impending death.*
- The profound debility.*
- The progressive emaciation.*
- The high protracted fever.*
- The gastro-enteric irritation.*
- The constant, peculiar thirst.*
- The intolerance of liquids.*
- The burning pains.*
- The excoriating discharges.*
- The tendency to dropsy.*
- The periodicity of the attack.*
- The nocturnal aggravations.*
- The amelioration by warmth.*

This list of symptoms, with the above key-notes, constitute, as you see, a rich store-house of precise and well defined indications, applicable to many serious conditions of disease, of an acute and chronic character.

While reviewing the different sections of the analysis, we must have become aware, above all, of the perfect adaptability of *Arsenic* to various forms of fever. We have stated that four are the principle types to which it closely corresponds, viz, the *malarial intermittent*, the *ataxo-adyynamic*, the *acute inflammatory*, and the *hectic*, and its clinical history, in all four, is full of flattering success. It is one of our chief remedies for those manifestations of malaria distinctly intermittent, and none can take its place when characterized by violent, long lasting, principally, incomplete paroxysms, the one or the other stage being usually absent, or feebly present, and by intermissions which are rarely clear, especially if composed of an irregularly developed, undefined chill; intense protracted heat, and post hyperthermic sweat, or no sweat at all; attended by an unrefreshing thirst, for frequently repeated small quantities of water, intolerance of cold

water, and extreme anguish and restlessness, and followed by great debility and prostration, and after frequent attacks by malnutrition, progressive emaciation, anæmia, dropsy, watery diarrhoea, neuralgia, and enlargement of the spleen and liver. Moreover, we find in the records of the drug, that many of the cases treated successfully, had been saturated with quinine, or contracted in salt-marshes along the sea-shore, and have shown a tendency to degenerate in a remittent type. In *children intermittent* it has also displayed its curative powers. A child from which we cannot obtain subjective symptoms, should receive *Arsenic*, if it is burning with fever, very thirsty, pale, weak, and prostrated, especially, if having no definite chill, must be covered to keep quiet. There are, of course, other forms of ague, capable of being cured by this drug, but it is in the above mentioned type where it has won the greatest reputation, for experience teaches us, that, the less distinctly developed the chill, the longer and more intense the heat, and the more advanced the lesions and prostration, the better is this remedy apt to cure. No less adaptable is *Arsenic* to those *masked manifestations of the malarial poison* (dumb ague), in which the neuralgic and congestive phenomena are so prominent, and the febrile element so accessory or secondary. The manifestations of the malarial infection in such cases, are always those of other maladies, with which it has no analogy, and the best known forms, are *facial neuralgia* (brow-ague), and *intermittent urticaria*. Occasionally, however, we meet with masked attacks, under the shape of coryza, tonsillitis, œdema, diarrhoea, arthritic pains, spasmodic cough, sneezing, and certain forms of asthma, migraine, and hiccough. Its efficacy in that condition of ill-health (*Malarial Cachexia*), developed after repeated attacks of intermittent or remittent fever, or begotten by the continued exposure to the marsh-poison, cannot be disputed by anyone familiar with the evolution of this chronic state and its treatment. In support of the statement, it suffices to say, that, under the prolonged influence of this poison, the adynamia, emaciation and anæmia become progressive; that the last (the anæmia), is frequently maintained by the hemorrhages which may complicate the case (epistaxis, hematuria, etc.), and gives rise to consecutive œdema, anasarca, and even effusion into the serous cavities; and that the pulse is small and depressable, the cardiac impulse weak, the enlargement of the spleen and liver often enormous, and splenic

infraction may lead to suppuration and gangrene. Favorable results have also been obtained by *Arsenic*, in the treatment of those alarming types of *pernicious fever*, called *algid*, *choleric*, *syncopal*, and *gastralgie*.

Arsenic is one of the few drugs we possess to perfectly cover the so-called *ataxo-adyamic type of low continued fever*, principally *typhoid*, and we urge the student to keep in mind the fact, that for this drug to be the remedy, the common depression of all low fevers must necessarily be associated with certain amount of erethism; in other words the abnormal increase of nervous irritability must, to the last, hold equal pace with the exhaustion of the vital force. The patient is stupid, exhausted, and prostrated, and yet he moans and tosses in distress, and even when apparently insensible and helpless, he moves the hands and feet, or head; these are the leading indications of this remedy. It covers likewise, the intense hyperthermia of the typhoid state, with muttering delirium, jerking of the muscles, trembling, fainting, brown dry tongue, sordes, tympanites, involuntary stools, ecchymoses and hemorrhage.

Symptomatic fevers, attending *acute structural inflammation* of such organs as the *stomach* and *bowels*, calling for *Arsenic* are of frequent occurrence, and by a careful study of these cases, we shall find its selection depends, as much on the general condition, as on the tissue changes and other local phenomena. In *intermittent* or *remittent types of fever*, accompanying *chronic suppurative* or *wasting diseases* (hectic fever), this drug comes into use as a most valuable remedy, for such advanced conditions always produce mal-nutrition, progressive adynamia and emaciation, pallor of the face, flushing of the cheek, œdema, colliquative diarrhœa, etc. In the pyrexia attending the advanced period of *chronic ulcerative phthisis*, we know of no drug more frequently indicated than *Arsenic*. We must also resort to this remedy in asthenic and hemorrhagic cases of *exanthematous fever*. In *scarlatina*, for instance, it is indicated when the eruption delays or suddenly fades, becomes livid or petechial, and the throat is dangerously involved.

In *diseases of the heart*, both functional and organic, with violent palpitation, cardiasthenia, cardiac failure, irregular or thready pulse, great dyspnœa, inability to lie down, cyanosis, pallor, cold sweat, fainting, irritability, restlessness, radiating, agonizing pain, tingling and numbness of the fingers, precordial

anguish, sense of impending death, dropsical effusion, albuminuria, exhausting diarrhoea, and extreme debility, it has proved a most valuable remedy. Guided by these symptoms we have prescribed this remedy, often with marked improvement, sometimes with complete success, in simple *cardiac pain* and in *angina pectoris*, with or without degenerative disease of the root of the aorta; in *cardiac inflammation*, especially *endocarditis* or *pericarditis*, after suppression of exanthema, and in the latter when complicated with effusion; also in *myocarditis* (inflammation of the muscular substance of the heart), by extension, or when occurring in the course of infectious or septic fevers; in *fatty degeneration*, principally when traceable to chronic alcoholism; in *hypertrophy* associated with or not with *dilatation*, and we firmly believe that in *chronic valvular disease*, it has often done for us a noble work, by improving the general vitality and thus encouraging hypertrophy. Of course, not always the proximate causes of cardiac failure are readily accessible and removable, and many cases are beyond the control of any remedy, but we can frequently aid the treatment by giving rest to an overworked heart, by feeding a heart that has been starved, by soothing a heart that has been worried, by enjoying rigid teetotalism in those addicted to drink, by interdicting the use of tobacco in those who are depressed by resorting to it in excess, by advising moderation in sexual intercourse, and by adjusting the diet in those who have been pampered and overfed.

Of all *catarrhal affections* of the upper mucous tracts, in *coryza* and *influenza* is where *Arsenic* has shown its best curative effects, but the results of its employment in the *throat* are no less satisfactory, if *gangrene* or *plastic deposit* develop, and we consider the general symptoms. In *coryza* is indicated as soon as the debilitated vessels commence to exude profusely a thin, acrid fluid, which severely excoriates the adjacent parts. Chilliness, sneezing, and a dull, throbbing, frontal headache are additional indications. The same scalding discharge should remind us of this drug in *winter colds* of scrofulous children, or in persons of tuberculous parentage. In *influenza*, an epidemic catarrh presenting in addition to the symptoms of a bad cold the most striking prostration, this remedy is almost a specific. In *diphtheria* is indicated when the throat emits an exceedingly fetid odor, the membranes present a dry, wrinkled aspect, is dark in color, and there are some burning pains, and absolute exhaustion of the

strength. This drug may also be required in *aphthous sore throat*, when in unsound constitution gangrene and sloughing appear; or in *noma*, when developed in scrofulous children, and accompanied by severe gastro-enteritis.

In affection of the middle and lower mucous tracts, the drug has also an excellent record. It has been employed with great success in *acute gastritis* and *gastralgia*; in *acute* and *chronic gastric catarrh*; in *acrid, irritative*, or *drunkards dyspepsia*; in *gastric ulcer*, and even in *cancer of the stomach*. The indications for all these gastric troubles, are found in Sections 9 and 10 of this analysis. Passing now to the *bowels* we can confidently state, that *Arsenic* is one of the most important remedies for *diarrhæa*. It suits all types, scanty or profuse, painful or painless, provided they are preceded by the characteristic restlessness and anguish; attended by nausea and vomiting, sometimes by excessive irritation, cramps, internal heat, burning in the rectum and tenesmus; and followed by burning in the anus, palpitation, trembling, and great debility, and if persistent by rapid emaciation and collapse, as in *cholera Asiatica* and *summer diarrhæa of children*. The exciting causes of these gastro-enteric troubles are, frequently, sudden chilling of the stomach with ice water or ice cream, alcoholic drinks in excess, impure waters, spoiled or contaminated food, inflammation, ulceration, and new growths.

In Section 7 of this analysis we can also find an important group of respiratory symptoms, bearing a striking resemblance of those characteristic of the most severe attack of *asthma*.

And finally, *Arsenic* should be thought of, in *emphysema* and *gangrene of the lungs*; in *diseases of the kidneys* and *dropsy* connected therewith; in *anæmia*, with great prostration of all organic functions; in *malignant dysentery*, *pyæmia*, and *scurvy*; in *cutaneous disease*, with hard scaly eruptions, itching and burning like fire; in *gangrenous* and *phagedenic ulceration*, syphilitic or not; in *carbuncle* and *cancer*, with burning pains; in *neuralgia*, with pains as if a red hot wire were drawn along the nerve; in *chronic alcoholism*, with hæmoptysis and tremors; *melancholia*, with attacks of anguish, despair and inclination to suicide; and in *affections of the eyes and ears*.

Clinical Verifications.

G. W. PALMER, WEST BRANCH, IOWA.

The following case came under my care, after having been prescribed for by several physicians in England; the patient having taken the ocean voyage for his health, but which had not helped him, in fact he was getting worse every day. The patient was a man of large bone and muscle, blonde and blue eyes, his clothing hung loosely on the frame, of what I thought was once a typical Englishman, but now a physical wreck, at the age of 48 years, just when he should be at his prime both mentally and physically. I will give the case in his own words. He said:

"Doctor, I have always been a strong man in every way, and enjoyed my work as a clergyman, both mentally and physically, until about three years ago, when I began to be taken with a shortness of breath when climbing a hill (you know we English walk a great deal) and this was a new sensation for me. Following this I noticed a feeling of lassitude on slight extra exertion; my work being light I wondered at it. During the latter part of the year my work increased and I was compelled to exert myself to do my part, and the fact is I broke down and could do nothing whatever. My heart would palpitate, my head and brain feel as though there was something boiling in it; if I went out to walk around the block, I became so weak that I could scarcely get home. During this time I was slightly constipated, would have a headache on top of my head toward evening, and when my head bothered me everything looked blue. My head would buzz at night and keep me awake; I always felt worse at night. When I would get to sleep my sleep did not do me any good, as I would awake languid, and no strength; I could scarcely dress myself. I would fall asleep easily in the day-time. My joints pained me (just like the growing-pains I used to have when I was a boy) while lying in bed, but feel better after I get up and move around. The fact is, I am afraid to go to work for fear that my symptoms might be made worse. I have bad dreams at night, and have a general depression of spirits. My hands tremble so I cannot hold them still. Heart beats are regular but slow. Am

greatly troubled with a pain which begins in my right groin and passes down the cord to the testicle with the sensation as though it would pull me down. Even the thought of business affairs makes my condition worse "

After looking over his case very carefully, on the 1st of August, 1895, I gave one dose of *Natrum mur.*^{cm}, followed by *s. l.* Improvement began at once, and in ninety days' time he returned to England; and in one month's time after his return he took up his pastoral duties, and he is now, by his own testimony, a strong man and enjoys his work as he did in days gone by.

PARTIAL COAL GAS ASPHYXIATION.

1896.

GEO. P. HALE, MEMPHIS, MICH.

Sept. 15.

Was called to Mrs. C.'s boarding house to attend three young ladies who had been nearly asphyxiated by coal gas by sleeping in a room into which it had escaped the previous night. Found extreme prostration, intense occipital headache, and anorexia.

Bovista^{6x} in water, a teaspoonful every hour.

Evening. Some of the symptoms were modified. Continue the remedy every two hours.

Sept. 16, a. m.

One of the patients had constant desire to vomit, with feeling that it would relieve her. Gave her *Nux v.*^{4x} in water. In thirty-six hours she was in normal health.

Miss C. developed marked restlessness, with relief from moving.

Rhus tox.^{15x} in water, and in twenty-four hours she was in normal health.

But Miss E., having had gastric trouble for some months, was not so readily restored. The great prostration and occipital headache continued. Remedies were affiliated as closely as possible to the symptoms and she was gradually zigzagged into a more comfortable condition until the 23d inst., when she complained of a terrible pressure upon the vertex with a sense of constriction of the head, with aggravation from motion and noise. Gave *Cactus grand*^{6x} in water. Within twenty-four hours a marked change had taken place, and all of the effects of the coal gas had passed away.

STELLA E. JACOBI, M. D., CHICAGO.

Professor Diseases of Women, Dunham Medical College.

1876.

July 28.

Miss C. T., aged 17; a Southerner.

Tall, slender; muscles weak.

Black hair and eyes.

Face pale.

Been thoroughly drugged.

Health never good; forgetful and languid.

Menses first appeared before she was fourteen.

Always irregular, always late, ranging from five weeks to four months.

The flow was dark, scanty, and *very offensive*.

Menses preceded by sick headache; pain; dull, heavy aching over the eyes <left side, and pain all through the top of head, sometimes accompanied by nausea and vomiting of bitter or sour mucus.

Appetite poor, although ravenously hungry before the headache.

Vertigo with staggering.

Headache usually comes on in the morning and lasts all day or several days, but >when the flow becomes established.

Before menses had a constant dull aching pain in the uterine and the left ovarian regions which is partly >by lying down.

Legs feel weak and tired.

Cold hands and feet.

An eruption appears on the face before the menses and lasts for several days after.

Diarrhoea comes on suddenly; painless; stool dark, watery and offensive <toward morning.

Her body has an offensive odor, even after a bath, with little perspiration.

The hair is dry and falls out in large quantities.

Psorinum^{1m} B. & T.

Four months have now passed with the regular appearance of the menses once in twenty-eight days, with no pain. The headaches and diarrhoea have disappeared. The menstrual flow has lost its abnormal odor, greatly to the satisfaction and comfort of

her friends. The hair is growing out and is soft and oily, and she is taking on flesh and has become bright and active.

Mrs. Hattie O., aged 32.

1894.

Aug. 29.

Came to me from Michigan to see if she could be relieved of the following symptoms: The father died of consumption, the mother with cancer of the stomach. Mrs. O. is the mother of five children. After she was married she became very fleshy, weighing 240 pounds, 5 feet 3 inches tall. At present time she weighs 146 pounds.

Had trouble with her stomach for the last four years; been getting <all the time.

Had old school treatment for *gall stones*.

Attacks come on from four to six weeks; *comes on suddenly*; begins in region of the liver and goes to the stomach.

The pains are *severe*; are of a *cramping, cutting* character.

Has always taken something to produce vomiting, which is sour.

The pain lasts from two hours to one or two days.

Profuse sweat.

Cannot bear anything to touch the stomach or side, on account of the soreness which follows the attack.

She cannot stand upright, the shoulders are stooped for several days, the face and eyes become sallow and she is very weak and sleepy; also distress in stomach <by eating, a great accumulation of gas in stomach and bowels, which rumbles around with a great deal of noise.

Hungry but eats but very little, for it makes her feel so full.

Can not eat eggs or oysters.

Bowels constipated.

Stool hard with straining.

Much flatulence.

After stool has pain in rectum for some time.

Had taken medicine for bowels every day for the last eighteen months.

Menses regular, little pain in the pelvic region the first day; slight leucorrhœa before menses.

Feet tired all the time.

Urinates frequently after an attack <nights.

Sometimes has little stitching pains in region of heart, followed by a "sinking spell."

Tongue coated white with a bitter taste in the morning.

Mouth dry; no thirst.

Cold <stomach.

Gets discouraged and thinks she is going to die.

Cross and scolds.

Cries with the pains.

After watching her through one of her attacks, I gave *Lyc.^{1m}*, one dose. She went home in two weeks feeling much improved.

Sept. 24.

Reported feeling better in every respect.

I sent a *placebo*.

Oct. 15.

Reported having a very slight attack of the pain which lasted about an hour.

Bowels all right.

Appetite much better, or can eat more food with no distress.

Sent more *sac. lac.*

1896.

Oct. 1.

Reports never having another attack, and feeling fine.

Weight, 210.

FRANK R. WATERS, M. D., CHICAGO.

Professor Abdominal Diseases, Dunham Medical College.

CASE I.

Mrs. P., age 43. Light complexion.

1891.

July 7.

Has been suffering for a week and taking various home remedies; also under care of old school physician for several days, and as no improvement had taken place, concluded she would rather take medicine such as the children were taking.

Cold from sweating in a hot kitchen and cooling in a draft of air.

Continuous aching in right knee.

In hollow and inner side of knee.
 Swollen and puffed out.
 Sensitive to touch.
 Stiffness, but obliged to move if only a little.
 Restless; would cry out at thoughts of having to move
 and when moving.
 Not sure whether heat relieved or not; thought it did
 some.

Rhus^{1m}.
 July 8.

Both knees seem about the same as the right did yesterday.
 Right a little more movable.
 Left ankle stiff and sore.
 Aggravation on movement.

Evening—

Pains in both knees—same aching pains.
 Left very much worse.

I now drew out symptom that the left knee was troubling her before I was called but not so severe; also symptom. Knee would seem to increase in size and about to burst during the rain, the evening before, when the drops were blown against the windows by a gust of wind, making her cry out with pain.

Lac. Can.^{50m}.

Cure rapid. In three days up about the house.

CASE II.

Mr. H., age 28. Spare build; sandy complexion.
 1892.
 Dec. 31.

A plumber, while working in an open building in a strong draft of wind, was seized with a

Stitch from lower margin of right cartilages in back to center of right clavicle in front (found in Gregg).

<from breathing.

Has gonorrhœa.

Stitch back toward bladder at times.

Also as though a drop of urine was passing through urethra, cutting at same time.

Cutting during urinating.

Thuja^{50m}.

Jan. 14.

Returned pain in back as before.

It had left him entirely a week after his call.
Has just returned between 3 and 4 this morning.

Thuja^{cm}.

Jan. 21.

Gonorrhœa almost gone.
Stitches left—gone by night.

CASE III.

Goldie T., born July 1, 1892.

New case, normal delivery.
Parents apparently healthy.
Child gave every evidence of being healthy also.
Clean, pretty, white baby, until three weeks after birth.
Patches begin to appear on head through hair, eye-brows, etc.
Will not wash off.
Thumb of right hand beginning to get larger and inflamed.
Skin dead and loosening up from last joint to end of thumb.
Looked like a cap on thumb.
Skin cracked some on exterior surface.
Sticky exudation.
After a short time all fingers take on same condition.
Eye-lids inflame on margin.
Eyes blood shot.
Sleeps but a few minutes at a time, gives a cry, then is quiet.
Easily disturbed.

Lyc.^{cm}.

(Husband has acknowledged that he had had Chancre. Was suppressed with *Arg. nit.*).

Aug. 26.

Nose of child stopped up.
Face full; some bloated.
Glands (sub. max.) hard and large.
Eyes full; pushed forward some from head.
Abdomen much disturbed; so also the stomach and chest.
Breathing short.
Tympanitic.
Symptoms increased until 7 p. m., and case died.

About eighteen months later was called and delivered another child, which in about three weeks commenced to have the dirty scalp, etc. It took almost two years, on constitutional remedies, to change her into a healthy child. The parents did not receive treatment against my wish.

MEDICINE VS. SURGERY.

THOMAS SKINNER, M. D., LONDON, ENGLAND.

I must explain in the first place why I have adopted such an unprofessional title as "Medicine vs. Surgery," when we have at college been taught to consider them as indissoluble and inseparable as husband and wife. Unfortunately since the discovery of *Chloroform* and other anæsthetics, surgery or the surgeon or chirurgion, which simply means *hand-worker*, has taken to lopping off diseases which are curable in a safer and better way by means of Homœopathy faithfully practiced. Strange to say, Gynecology has been singled out as affording the greatest field for butchering the fair sex. As instance, Ovariectomy for ovarian dropsy; Oophorectomy for dysmenia and ovarian irritation; Oophoro-salpingectomy for removal of Ovary and the Fallopian tube; and any number of big-sounding terms. In one case which will follow this one, the entire uterus, both ovaries and the Fallopian tubes, were to have been removed on account of the ignorance of the lady's physicians and surgeons. On June 24, 1895, I was consulted by an unmarried lady from Kimberley, in South Africa, recommended to me by Dr. T. Vanden Huevel, who gave me a pretty full history of the case, maltreated by allopaths who know no better than to cut and carve everything that is the matter with the abdomen or pelvis of a female. Speaking of abdominal surgery to his students, the late Prof. Miller, of Edinburg, used the term more strictly, denoting it as "*abominable surgery!*" Quite recently we have had a case in our law courts where a nurse hauled up her surgeon for removing both ovaries instead of one. The surgeon got off because Lawson Tait & Co., as a matter of course, decided in favor of their *Confrere*.

HISTORY: Dr. Huevel states that his patient has been suffering on and off for a long time. Her sufferings were put down to a blow she got in the side in 1879. It was stated that this blow was followed by abscesses—five in all—and that pus and blood

came from the rectum, which most likely was due to chronic pellicular inflammation of the mucous membrane of the colon.

There is no doubt that the left ovary was removed, for terrible paroxysms of pain rendering the patient's life unbearable, but after the Oophorectomy of the left ovary, a similar pain started in the right ovary, which was removed on a subsequent occasion. Dr. Huevel, however, was doubtful whether the right ovary was removed, but I have no doubt about both having been removed, because the patient informed me *that she has never menstruated since*, and when I was consulted she was then thirty-four years of age.

Status præsens. Left ovarian pain, a tight and heavy feeling as of a cricket ball, constant day and night.

Worse moving or standing, better when lying on her back; and always worse on pressure and when lying on the painful side.

When the left ovary was removed the pain went to the right ovary, and when the right ovary was removed the pain went to the left ovary, which was *non est inventus*, (it had been removed). At times the pain in the left ovary is agonizing. Can this be a similar case to the Chelsea Pensioner's corns, which, in the amputated foot ache terribly in the cold, damp weather? She has no leucorrhœa, and as before stated, she has had no catamenia since the second operation.

Appetite poor, especially for breakfast.

Sinking at the epigastrium daily at 11 a. m.

Generally worse forenoons.

Bowels tend to looseness, and she is often forced out of bed of a morning.

Sleep—she is somnambulistic and a sleep-talker.

1895.

June 24.

I gave our patient *Sulphur*^{cm} (F. C.), one dose dry on her tongue, and the same to be repeated at bed-time in a little water the same day.

July 2.

S. L. thrice daily, because decidedly better in every respect.

July 23.

Returning to South Africa, and feels so greatly improved "she scarcely knows herself." As she suffered badly from *Mal*

de Mere coming to England, I prescribed as a parting salute *Sulphur*^{2cm} (F. C.), two doses, one dry on tongue *statim*, and one also dry on her tongue at bed-time to-night. *S. L. ter in die sumendus*.

N. B.—This is all the medicine which she got from me, and any physician who has studied the works of Hahnemann to advantage cannot fail to see the rationale of this case from a psoric point of view.

REMARKS.—Pathological men are ready enough with their diagnosis, which, so far as the selection of the *simillimum*, the remedy is concerned, is not worth the twentieth part of one cent, and in a case of this sort, *the less* a physician knows of Hahnemann's doctrine of Psora, *the less* is he likely to spot the remedy or to be of any permanent good to his patient.

The pathological element *located* the morbid mischief in the *left ovary* and the butchering removed the offending organ. But the pain, "will o' the wisp" like, passed over and *located* itself in the *right ovary*. This being removed, the pain returns from whence it came, and the left ovary having been removed, both of these diagnoses must be wrong. To say the least, the case must have been awfully puzzling if not thoroughly mortifying to the pathological diagnostician and his status as an operating surgeon. To myself, the case was simplicity itself. It was a case of Psoric irritation of one or the other or both ovaries connected with chronic pellicular inflammation of the mucous membrane of the colon, and as all the symptoms pointed to *Sulphur—psora—Sulphur* not only cured the case without the slightest interference of ignorant and bungling surgery, but it also saved the patient from *Mal de Mere* on her return to South Africa. As extracts from our patient's letters from Kimberley may be of interest, I close this paper with two short ones.

Sept. 23, 1895. "You must allow me to write to you from my home in South Africa and to tell you how pleased Dr. Van Den Huevel and all my friends were to see me return *so well*; looking, indeed, 50 years younger (she is only 34). I was a much better sailor coming out" (thanks to two doses of *Sulphur*^{cm} F. C. and two doses of *Sulphur*^{2cm} F. C., all the rest was *S. L.*)

Nov. 11, 1895. "I am still feeling 'heavenly' and trust it may be so always. With kind regards and renewed thanks, I am,

Yours sincerely and gratefully, F. M. C."

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER CLUB, Rochester, N. Y., Dec. 19, 1895.

The meeting of the Central New York Homœopathic Medical Society was called to order at 11:30 a. m. Dr. E. P. Hussey of Buffalo, New York, was made chairman.

Members present—Drs. Hussey, Hoard, Hermance, Carr, Clapp, Grant, Sayles, Leggett, Graham.

Visitors present—Dr. Bamber.

The minutes of the September meeting were read and accepted.

There was no report from the Board of Censors.

The essayist of the *Organon* being absent from the morning session, it was agreed that a medical subject should first be heard. Dr. Gwynn was asked for his contribution.

Dr. Gwynn's observations, of which a brief summary is made, were many and opposite.

As he approaches that period called the sere and yellow leaf, he finds in himself an inclination to reflect seriously upon the realities, rather than upon the dreams of life. He learns that man becomes charitable, wise and intelligent, in proportion to the length of life and its immunity from wasted opportunity.

He used as an illustration, the remark of the Irish Corporal to a squad of raw recruits with whom he had lost all patience and whom he finally advised "to step out in front and look at themselves." Dr. Gwynn advised all who were interested in the science of homœopathy, including himself, "to step out in front and look at themselves," suggesting the probability of finding by this process, lovable qualities, as well as faults.

First, he asked the reason for the absence of a majority of the members from the meetings and for the absence from the membership of so many promising young homœopaths. He quoted a reply to the membership question, given by a bright young scion of homœopathy living in Syracuse, as being, that "he could not afford to belong to the society. If his people knew that he

dealt in the medicines that some of the members advocate—"the single dose and the epochs of time"—his occupation, like that of Othello, would be gone." He said that, "not content with giving next to no medicine, they publish their methods from the house tops."

Dr. Gwynn then criticized the various and peculiar symptoms so often quoted as belonging to the *Materia Medica*, (the "chaff of the *Materia Medica*") *i. e.* "a taste like dung," and the sensation, "as if the belly, or abdomen were full of stones." The doctor discredited and scouted as extremely improbable, the possibility that any one could know the "taste of dung," or the feeling of "stones in the belly," or that one could find such a symptom in any case presented.

Dr. Gwynn next considered the potency question, together with some of the teachings concerning succussion. Dunham had been taught in the early days, that each potency should receive two shakes and "no more." The doctor wondered—quizzically—if, by using, for so many years, potencies that had received 200 shakes each, he had increased a hundred times or more, the death rates among his patients.

He next discussed olfaction and disapproved of its prominence in many reported cases.

The doctor proceeded to show that Hahnemann had, in no sense, considered the *Organon* as the sum total of medical science, or declared superfluous all other studies relating to the ills of mankind. He maintained that Hahnemann considered a thorough knowledge of all collateral science, as a necessary qualification in the practice of homœopathy.

He spoke of the war between colleges and factions, both in the older times, and—shame to say—in the present. He deeply regretted this state of things, and deprecated the self-seeking, so evident to all.

He called attention to the crude reports of cases that fill our journals, and are heard in our societies. He severely and deservedly criticized them, and begged that more careful attention be given to the report of cases.

He deeply sympathized with all true advance in medicine and in religion; in fact, he believed, that eventually the world would be revolutionized by truth, homœopathic or other. But truth must always adapt itself to existing conditions, and this fact the disciples of Homœopathy were fast learning to appreciate.

He then noticed the enthusiastic welcome given to Drs. Allen and Helmuth, by the students, at the beginning of the college year. He called attention to the position of those men as leaders and advisors of homœopathy, and to the fact that there were many practitioners just as capable as they.

Finally, he begged the members of the C. N. Y. not to follow the example of the robber "who cut off the feet of all his victims to fit the one bed," but rather to sow good seed. He quoted the saying of the wisest among men: "Let them grow together until the harvest, when I will gather the wheat into My garner." He admonished the members to judge no man, as each was accountable to his own master—*his conscience*.

After a few moments of silence, as all had been moved by the evident earnestness and emotion of the author, Dr. Grant said that he would like a word upon one point made by the doctor, in his criticism of the Hahnemannian homœopaths of to-day, *i. e.* in relation to "foolish drug symptoms." He reminded the members that this was not the first cry, nor a new cry against the "foolish symptoms," or "chaff" of the *Materia Medica*. He quite appreciated the necessity for verifications of symptoms, and trusted the verified symptoms with greater confidence; but experience had taught him that evil would result, if all unverified symptoms, or seemingly "foolish symptoms," were discarded from the *Materia Medica*. Dr. Grant did not profess to know from experience the "taste of dung," but believed that he had a normal sense of smell, and a fair imagination. In cases wherein the internal organism showed signs of great disorder, his patients trying to describe the disgusting taste in the mouth, could give no better words than "it is horrible; it tastes like dung." It is the same with the sensation of "stones in the belly." Every day some patient says he has a "stone in the stomach;" and it is certainly not difficult to meet the condition. The doctor found many patients who readily described symptoms in just such simple language, and to whom a sense of weight, hardness and soreness, located in the abdomen, would mean a sensation of "stones in the belly." Believing the indications for treatment of the sick to be individual, or personal, the more striking, peculiar and characteristic the indications, the better the chance for successful prescription.

Dr. Hussey had never thought to question the symptom of a "taste like dung," because of the near relation of taste and smell.

That which more properly belongs to the latter sense, is so constantly attributed to the former, that it passes as a fact, that we taste the substance perceived by the sense of smell. The truth is that there are but two variations in the sense of taste, all others being due to the sense of smell. He wished that Dr. Gynn's paper might have had a larger audience.

Dr. Gwynn said that he wrote the paper to show this society something of the light in which it stood to others.

Dr. Leggett considered that the "light in which we stand to others," is determined by each person's standpoint. Colleges are founded upon the great, common meeting ground of the average intellect. There will always be found those whose attainments advance beyond that average, as well as those who remain below that average. So, with the declaration of a religious creed. It must meet the needs of an average spiritual development. There will always be those who advance beyond that average, and many who remain below. A possible development of every individual, in a given direction, or in all directions, within a given time, is still a problem to be answered by future generations.

Dr. Grant thought that the question concerning the absence of many calling themselves homœopaths from the roll of membership of this society, was simply a question of the pocket; that as yet they had seen nothing to be gained by it; that the question of potency had nothing to do with it. He had known of no one, except the parties mentioned, who talked potency to their patients. The potency cry was put up in their own defense. Dr. Grant agreed with Dr. Gwynn on the subject of Dr. T. F. Allen. He knew that Dr. Allen believed firmly in the law of similars, and in the potency; that he used both the single and the potentized remedy. He believed that Dr. Allen's life was devoted to bringing the single remedy and the potency into the Homœopathic Medical College of New York. Dr. Allen once said to Dr. Grant that if there were but one or two more true homœopaths to teach in the college, they could easily carry the whole college. Dr. Grant asserted that Dr. Allen was not a mongrel but that he was growing old and gray in the cause of homœopathy.

Dr. Graham agreed with Dr. Grant. He had worked among the faction that raised the potency cry, and had belonged to it. The potency cry was its own defense. It was not actuated by a

fear of losing patients, for patients as a rule ask nothing better than to be cured.

Dr. Hussey thought that many elements entered into this disagreement. The question of expediency was one. Plenty of people merely demanded palliation—the instantaneous cessation of suffering. They had no desire to be cured, nor the knowledge that a cure was needed, or could be accomplished. Advantage was taken of this expressed desire, and the fear of losing a patient urged the physician to palliative rather than curative measures.

Unimportant remarks on the same subject were followed by a motion to adjourn for recess. The motion was seconded and carried.

The afternoon session was called to order at 2:30.

The reading and exposition of the *Organon* was made by Dr. Geo. C. Hermance, of Rochester, N. Y.

ORGANON—§ § 204—205.

In Section 204 of the *Organon*, Hahnemann first excludes all sickness that is caused by habitually unhealthful living; he then arranges under two heads, all other chronic diseases, factitious diseases, caused by the administration of drugs to a poisonous degree, and the diseases already treated under the head of internal, or suppressed syphilis, psora or sycosis.

It is doubtful whether at this date, and in this generation, such a condition exists as entire freedom from miasmatic disease. According to Hahnemann, if a drug disease be added to this miasmatic disturbance, there is aggravation and, many times, incurability. A drug sickness engrafted upon a system unaffected by a chronic miasm, is always more promptly and perfectly cured than in cases complicated with such miasm.

Each homœopathic physician has demonstrated to his own satisfaction, that disease caused by syphilis, psora and sycosis penetrates to the innermost parts of the body *before* the first or local manifestation. The primary lesion is too often mistaken for the first inception.

Hahnemann first established the facts upon which he afterward based a theory. Too many believe the existence of a chronic miasm to be a theory only. Theory without facts upon which to base it, was not Hahnemann's method of procedure. He first proved the drug, and applied it to its sick similar; then

he watched its effect. He afterward began the development of the facts of potentization. He pursued these inquiries through a long period, until the increased power of the drug was established beyond question. He finally noted the fact that in some cases a cure (?) was followed by a relapse that needed further or different medication. This led to further study and observation. During a period of eleven years he kept those observations a secret; indeed, until he feared death would leave his discoveries unrevealed. He then confided them to two of his disciples, and not until 1828, did he give them to the world.

Hahnemann, at the age of seventy-three, advanced the idea of a miasm, as the solution of a problem. Forgetting the long period of observation preceding the announcement, many objected to the theory because of his advanced age. In spite of these objections, the fact still remains that the patients suffering from internal or suppressed psora, syphilis or sycosis, do not recover under the administration of one prescription, and need further medication.

Psora, as it advances through successive generations, becomes more and more complex, and developes so many phases, that it cannot be covered with one simillimum. Each phase must be separately attacked, until the miasm is eradicated, or is restored to its latency. The need for bearing in mind the influence of a chronic miasm upon an acute disease, was forcibly illustrated by Dr. Carr before many of us, in a late meeting of the——— Society.

The treatment of a late development of psora, is identical with that of its first appearance; as the miasm is impressed upon the system from the moment of its inception to the appearance of the initial lesion.

Section 205 urges that the attention should not be confined to the local lesion, but should be given to the development as a whole.

Chronic disease is usually received into the homœopathic world after its suppression or spontaneous recession. When suppressed by bad methods of treatment, the disease gives infinitely more trouble to accomplish a cure, than when the recession is spontaneous.

A local application, even when it is made with the indicated remedy, is a false method, because of the danger attending the

cure of the local or external lesion, before that of the internal disturbance.

Dr. Clapp wished to know if Dr. Hermance considered the reference to local applications, made in the first sentence of Section 205, as meant for crude or for dynamized medicine.

Dr. Hermance considered it to mean dynamized.

Dr. Grant thought that the first truth to be gathered from Sections 204–205, was that of the inception of disease before the local manifestations, which in itself showed the deep disturbance of the vital dynamis. All disease being a result of the disturbance of the vital dynamis, treatment directed against the result is “back-handed” work, the destruction of all indications for successful issue, and perhaps the “penning” of the disease within the body.

Dr. Hermance quotes Hahnemann as saying that infection is instantaneous; that from the amount of inoculation, it advances to the innermost depth of the system, and that this stage is followed by location; it is a fact, fully recognized by all that no secondary symptoms appear, until after the primary or local lesions disappear, either spontaneously or from suppression.

Dr. Grant said that if the primary dynamic disturbance was cured, there was no secondary manifestations.

Dr. Ross had found difficulty in curing the initial lesion of gonorrhoea. He had seen cases of the disease cured (?) by local treatment, apparently without evil results. Were they cases of simple irritation, and of merely local nature?

Dr. Hermance believed that true gonorrhoea had a miasmatic base, from which further infection took place, and that Hahnemann plainly showed the result of topical treatment of the local lesion.

Dr. Graham cites a case of apparent consumption cured by rectal treatment for hemorrhoids. He thought that many local manifestations might be removed without evil result; that a removal made room for the cure. He looked upon the manifestations of consumption cited as those of a reflex nature caused by piles.

Dr. Hussey thought that the nature of a disease so quickly responding to treatment, was easily judged. If evil did not follow it was not miasmatic. The danger lay in the local treatment of miasmatic disease.

Dr. Ross cited the case of a woman, who, four years ago, was

cured of a serious sickness by an operation for hemorrhoids. Her health had continued good since the operation.

Dr. Hermance quoted Hahnemann as somewhere saying that nature throws disease outward, and that sometimes the outward manifestation is all that there is left of the disease. The manifestation is then a result. Dr. Hermance thought that non-miasmatic disease might, in some cases, burn itself out and leave results removable by operation without injury to the patient.

Dr. Hussey had seen cases in which it was hard to determine the underlying cause of the local manifestation. He gave that as a reason for great care in prescribing.

Further discussion concerning radical measures in such lesions as hemorrhoids, tumors, etc., in which surgical measures were advocated by the surgeons, and remedial measures by the physicians, was followed by the reading of a paper upon the Simillimum, sent by Dr. Seward.

THE SIMILLIMUM.

It has been said, and is believed by many physicians, that it makes no difference what potency we select to cure our patients, or whether we use high or low potencies, provided that we choose the indicated remedy. This is not true. What we want and *must have*, for a perfect cure, is the *simillimum*. We often get only the similar, which may *better* but not *cure* the case. According to my experience, it does make a difference—as great a difference as lies between life and death—what potency we use. I have many times been obliged to change from low to higher potencies, in order to get the action of the selected remedy, its *simillimum*.

Case I. In 1862, a woman about thirty years of age, had dropsy in the form of anasarca, following Scarlet fever. After close study, I selected *Arsenicum*, and gave the 18th in solution, once in three or four hours. At that time I had no high potencies, except *Arsenicum*²⁰⁰, and I did not think of that.

During a period of from thirty-six to forty hours, the 18th did no good, then I changed to the 12th, which I gave the same as the 18th. In an equal period this potency did no good, then I changed to the 6th, which did no better.

My patient was in severe pain, no rest day or night, urine very scanty and brown. I sent for counsel who said that I had made a right selection of medicine, and who advised me to try the

3rd trit. That did no good, the skin of the legs parted and discharged water.

My attention was then called to the 200th *Arsenicum*, which I gave in solution, in doses repeated every three or four hours. The patient was relieved, and slept within thirty minutes after the first dose, the urine, which, for two weeks had been scanty, increased to two and one-half or three quarts, in twenty-four hours, the patient improved and was soon cured.

Case II. Some twelve years since, Mrs. R—— had abdominal dropsy (from the effect of poisonous drugs), with scanty, brown urine and great thirst. I selected *Arsenic* as the remedy, and gave the 30th in solution, every four hours. For two days it was without effect. I gave the 200th in solution; same. It was of no use, and the abdomen continued to enlarge. I then gave the 40^m in solution, and in repeated doses. Its effect was noticeable; the urine increased, and was of a lighter color; the thirst was less; the patient improved and was soon cured. The 40^m proved to be the simillimum; the 30th and the 200th were not even similars, and were of no benefit. The doses given of the 30th and of the 200th did not prevent the 40^m from taking effect at once.

Case III. Two years later, Mrs. R—— again suffered from the same disease. The characteristics were changed; the urine was yellow; there was much less thirst. I selected *Apis mel.*^{40m}, and gave it in solution, in repeated doses, every four hours until improvement. Then I omitted medicine. The patient was cured.

I do not now prescribe in that way. I give one or two doses, and watch the case to learn what more is needed and may be done.

DR. SEWARD.

Dr. Ross agreed with Dr. Seward that the word "simillimum" referred to potency as well as to remedy. He had once prescribed for a case of post-partum hemorrhage, in which *Phos.*³⁰ had had no effect, and *Phos.*²⁰⁰ had affected the patient favorably for six weeks. The case was finished with *Phos.*^{19m}, one dose.

Dr. Graham's experience led him to think that, at times, it might be necessary to give lower as well as higher potencies.

Dr. Hussey saw no question but that, if one remedy was perfectly indicated, and one potency did not act, another potency of the same remedy must be tried.

Dr. Carr experienced the same difficulties and results.

Dr. Grant considered that the larger proportion of cases would respond to almost any potency, but found it true of *some* cases that the exact potency must be sought.

A case "creditable to Homœopathy" appeared in a letter from Dr. A. R. Morgan, Waterbury, Conn., under the date of Nov. 18, 1895.

"A prominent lady was given up to die by a leading allopath. A mongrel homœopath was called—with consent of the 'regular'—to divide the responsibility. The first thing that the mongrel did was to administer 'a morphine pill' upon the top of hypodermics of *Ergotine*, *Strychnine*, and various *other trifles*."

I have forgotten to mention that the patient was suffering from miscarriage, retained membranes, and subsequent hemorrhage. She had been "curreted" half way up the "golden stairs;" she was gasping, vomiting, and bloodless, barely conscious, and with pulse almost imperceptible; she was still flooding; blood bright red and fluid. This was the condition presented when I was called.

The allopath—one of the most prominent ones—stood beside the bed in his shirt sleeves, the mongrel near him; the husband, sister, and nurse hovered about the patient, who was convulsed with constant retching, the knees jerking up with every spasm; face, pale as a corpse; respiration but eight or ten per minute, convulsive like.

The old school doctor whispered, "she is about gone; there's no show; she can't take anything except hypodermics." She had, fortunately, thrown up the morphine pill.

I saw that the case was desperate, but thought there might still be a chance for the patient. I gave immediately a dose of *Ipecac*²⁰⁰ D. It was not fifteen minutes before the spasms of retching and vomiting grew perceptibly lighter. The allopath stayed and watched. The mongrel "went away." Giving *s. l.* every fifteen minutes for two hours, I thought best to repeat the *Ipecac*²⁰⁰, when the flowing began to abate, and the retching ceased. The allopath retired with the remark that the woman was "about gone."

To cut a long story short, I put her under *Chin*²⁰⁰, D., and went home toward morning; that was ten days ago. To-day my patient is doing splendidly, and no longer needs daily visits. Many persons speak of the case.

I have beside happened to treat two cases of membranous

croup successfully. The first I have met since coming here. The patients gave me great anxiety, but recovered.

How can one write "contributions" to societies in such a whirl?

A. R. MORGAN.

Dr. Carr cited a case of metrorrhagia, in which there was *profuse* flow and gasping, with the same jerking of extremities during the vomiting. One dose of *Ipecac*^{43m}, checked the flow, within half an hour. Dr. Carr considered *Ipecac* an important remedy, which is too often forgotten.

Dr. Ross mentioned Johnson's key-note, and praised the action of the potencies of 200th, made by Dunham. He found that after twenty years, they acted perfectly.

Under the head of "miscellaneous business" the Secretary was desired to inquire the cause of the inaccuracy and the irregularity of the reports of the proceedings of the C. N. Y. H. M. S. in the HAHNEMANNIAN ADVOCATE.

Dr. Carr, upon learning of the death of Mrs. Kent, moved that the Secretary extend the sympathy of the Society to Prof. J. T. Kent, an honorary and much respected member, in words fitting to so sad an occasion. Motion seconded and carried.

Dr. Carr then cited a case of typhoid pneumonia. On the Sunday before Thanksgiving the patient began to feel ill. On the following Tuesday the doctor was called, diagnosed pneumonia, and gave *Bryonia* as the first prescription. It might as well have been *Sulphur*, at least, it was without effect. During the night, Tuesday-Wednesday, the patient had increased fever. He grew delirious, with besotten expression and complete mental and physical prostration. In fact, his condition assumed a marked typhoid form. His pulse was 144, respiration 48 or 50, temperature 104 4-5, with dilation of the *Alae nasi*. He received one dose of *Bapt*.^{3m} in the morning. In the afternoon the symptoms increased for a time. At 6 p. m. they subsided. On Friday there were no symptoms; on Saturday the patient was discharged. The doctor thought that the instances were rare in which *Baptisia* was indicated for a condition of Typhoid-pneumonia.

The essayists appointed for March, 1896, were:

Organon, 206, E. V. Ross.

Medical Subjects, A. B. Carr.

Intes. Surgery, M. E. Graham.

Motion was seconded and carried to adjourn to Syracuse, March 19, 1896.

S. L. GUILD-LEGGETT, Secretary.

Comment and Criticism.

WHO IS THE AUTHOR OF "ANTIDOTAL TREATMENT OF DRUG DISEASES?"

S. R. VINCENT, M. D., ORIENT, OREGON.

In the September number of the *ADVOCATE* I notice a very zealous, but—in my opinion—very weakly attempt by Dr. A. McNeil, of San Francisco, Cal., to prove that Bœnninghausen was the author of "Antidotal Treatment of Drug Diseases;" 1st, by quoting from Bœnninghausen that *iodine high* is useful in removing the effects of overdoses of the crude, and 2d, by quoting from H. N. Guernsey the same truth with regard to *mercury* and *plumbum*. Where is the proof that Bœnninghausen should receive the honor for what Guernsey knew?

Hahnemann, Hering, Swan and others have announced this same thing to be true of other medicinal substances; and what is the homœopathic physician, who, having a considerable practice, has *not* discovered for *himself* that the *simillimum* for a given case is often a drug that has been recently and repeatedly given in the crude form? and where is the one who ever failed to get favorable results from giving a *high potency* of the same?

It is a simple truth, that these facts have been the common property of *all* the *leading* homœopaths from Hahnemann down; but who, of all these, except Sawyer, ever regarded them as anything but isolated facts? Who but Sawyer, has demonstrated by thousands of experiments that what is true of *iodine* is true of *every* health-disturbing agent, and thus discovered and announced the *law* underlying the *facts*? Who, except Sawyer, has discovered and announced that there *is* a means "that escaped the observation of Hahnemann and his followers, by which the drug disease, pronounced incurable by Hahnemann, can be and are cured?"

In my opinion, there is a great difference between the observation of a single isolated *fact*, and the discovery of the eternal *LAW* upon which that and other facts depend. Millions of persons have seen apples fall to the ground, but the *observation* of that *fact* was not the *discovery* of the *LAW* OF GRAVITATION.

Sawyer does not claim to have discovered a *new* LAW OF CURE. I think it will be generally conceded that THE LAW OF CURE in its entirety is not *yet* discovered. Hahnemann discovered a splendid section of that LAW, and Sawyer has discovered another section, and is the author of a system of treatment—the “Antidotal Treatment of Drug Diseases”—which has more than doubled the usefulness of that LAW, as formerly understood.

As to curing *rhus tox.* poisoning, *per se*, with *sulphur*, I deny that it was, or that it can be done. If the Doctor's record is correct, there was more *sulphur* poison than *rhus tox.* poison in that patient, twelve to eight. A *lesser rhus tox.* disease was incorporated into a *greater sulphur* miasm. *Rhus tox.* failed to cure, because “a *lesser* disease cannot be cured in the presence of a *greater*.” *Sulphur* cured the *greater* and the *vital force* relieved of the *greater*, was able to carefully resist or suppress the *lesser*.

“*All symptoms agreeing*” should always be sought as it teaches, as in the above case, that the *greatest* of the causes of a disease is often other than the *supposed* cause, but if an *unproven* agent is the chief cause, or if several *proven* agents are acting simultaneously upon the vital force, the *symptoms will not agree*, or *appearing to agree* the “*indicated remedy* fails to benefit.”

In such cases, if the *cause* or *causes* are discoverable for those who have read or heard the LAW, to not give a high potency of the same, *irrespective of symptoms*, is criminal neglect, springing from bigotry of the grossest kind.

HIGH POTENCY ANTIDOTING.

A. G. DOWNER, M. D., PRINCETON, ILL.

In the October number of the HAHNEMANNIAN ADVOCATE, vol. xxxv., page 633, I saw a criticism by Dr. Charles E. Gilbert on the position I took in according to Dr. E. W. Sawyer of Chicago, the priority of the actual discovery and application, with the practical proof of this greatest of all homoeopathic truths up to date—the high potency antidoting of drugs.

Strange, is it not, (like the Crime of 1873) that after a man has worked up a new idea, how many will say “Why, I knew of that,” or “Why, years ago I did that,” etc., etc. There is no doubt that Paracelsus knew something about the law of similars, but where he failed was, that he did not discover the law of

dynamic force. And so it was left for Hahnemann to discover and reveal the truth. Another point, if Hahnemann knew of the high potency idea of antidoting drugs to clear out drug symptoms and suppressions, why, I say, did he not tell us? but he tells nothing, but names several drugs which are presumable antidotes. Grand as was Father Hahnemann, he did not know it all, if he did give us enough as it was to feed upon for all time.

In all my reading and study of *materia medica*, medical journals, the lectures of learned professors, never did I hear or glean one word about the antidotal high potency attending antidoting of drugs.

Strange, is it not, this should be hidden away from the light so long, for men, physicians especially, are not slow to let the world know of any discovery they may learn if there is any dollars or glory it? And again I say, Dr. Eugene W. Sawyer has done more to bring forward and to prove by his successful treatment of tumors and morbid growths the truth of antidotal drug action than any living physician. Honor to whom honor is due.

ANOTHER PROTEST.

FREDERICK HOOKER, SYRACUSE, N. Y.

EDITOR ADVOCATE:—I wish to endorse Dr. Guernsey's noble and manly protest against the doctrines of that disgusting article, "Criminal Abortion and Merciful Murder," and to add thereto a protest of my own.

The author says: "In married life, only where the life of the mother is in danger, or where the child is likely to bear a life long diseased body, should abortion be considered."

We will pass, for the present, the consideration of those cases wherein abortion is conceded to be justifiable, to the consideration of some of the points presented by the author of the paper in question.

One who seeks to avoid those duties and responsibilities which are laid upon him is a coward and it is one of the darkest blots upon our civilization and a mark of degeneracy that many women who "profess and call themselves Christians" are willing to resort to murder to avoid the duties, responsibilities and privileges of maternity, and a still greater blot that physicians are to be found so degraded and depraved, so lost to all sense of

honor, so forgetful of their own manhood, so regardless of all moral laws—yes, even of common decency—that they will for a consideration—often a mere pittance—set at naught the laws of God and man and sell themselves to do one of the most despicable works that the devil ever prompted man to perform.

Upon what authority does any man dare to interfere with the processes of nature as ordained by God and to arrogate to himself that prescience which belongs alone to the Almighty and give decision upon the question whether the product of conception is “likely to bear a life long diseased body” or not?

Granting such to be the case, what right has a physician to say that murder is preferable to the birth of a child bearing a “life long diseased body?” Who makes the physician a “ruler and a judge” in these matters?

Because unmarried girls are often led astray, does this justify the commission of willful murder to cover up the sin? No! “Two wrongs never make one right.”

Again, what right has any one to take for granted that an illegitimate child—as yet unborn—will be a criminal? And, if it could be certainly known that such a child would be a criminal, what right has any one to resort to “murder most foul” to prevent its birth?

The justification for the violation of “unrighteous laws,” as stated by the author of the article in question, appears to be expediency—convenience.

Might we not with equal justice plead this same “expediency” to justify sodomy, bestiality, infanticide (after birth), the murder of parents, as formerly practiced by Nestorians, forgery, perjury, burglary, murder in general, and in fact the whole category of crimes?

The fact that criminals are put to death judicially is no excuse for the production of abortion, nor for the “merciful (Heaven save the mark!) murder” by the physician of those whom disease has placed beyond the reach of human aid.

Dr. A. E. Small says, “The procuring of abortion under all circumstances is a direct violation of the laws of the physical constitution and almost always a violation of that holy commandment—Thou shalt not kill.”

“What will be a man is one,” and “A child conceived is to be considered a child born.”

Says Dr. Holcombe, “The true moral position is this: The

destruction of the ovum is always homicide—justifiable, perhaps, under a few extraordinary and painful conditions, after the failure of all reasonable medical and surgical means; and then imposing such solemn and fearful responsibilities that it should only be accomplished after the mature deliberation and concurrent advice of several reputable members of the profession.”

Another authority says: “If the foetus be already and from the very outset a living human being and existing independently of its mother though drawing its substance from her, its destruction in every stage of pregnancy is *murder*. Every act of procuring abortion, rules Judge King, of Philadelphia, is murder, whether the person perpetrating such act intended to kill the woman, or merely feloniously to destroy the fruit of her womb.”

It is truly astonishing that in this nineteenth century an educated physician can be found to voice and advocate such a diabolical doctrine as this; a doctrine, the advocacy and promulgation of which is as dangerous as it is damnable, and which can only bring down upon the head of its author that condemnation by all right-minded people which his doctrine merits.

CORRECTIONS.

SAN FRANCISCO, CAL., Aug. 5, 1896.

Dear Dr. Pierson:—There is a huge blunder made in a quotation from me, viz., on page 452. You make me say the croupy baby whose case calls for *Bryonia* wants to be covered very quickly and even says “run;” and as if that wasn’t enough in the next sentence you make me say the *China* baby wants to be rocked first. Now, there may be some excuse for the latter in putting *China* for *Cina*, but no man who knows anything about materia medica would have put *Bryonia* instead of *Bromine*.

And there is still another blunder. You make me say “with the misery of the *Chamomella* or *China* babies;” please make this *Cina* instead of *China*. I haven’t seen the *Homœopathist* from which you quote, but your proof-reader ought to know better. Please pardon my asperity, for you know how such a thing would strike you. Fraternally,

A. MCNEIL.

ISOPATHY.

A. W. VINCENT, M. D., PORTLAND, OREGON.

I would like to say a word about this "high potency of the same" treatment of drug diseases and miasms. Several recent writers have "put it to the test" and have reported a number of cases in which it has not failed; and if any one has "put it to the test and failed" it has not been reported. Now, it seems to me

First, that where a single drug is acting as a cause of disease the totality of symptoms can point only to the "same" drug; that no drug can be the simillimum to symptoms produced by any other drug. I do not understand that the homœopathic law implies that we must give a remedy having slightly different symptoms from those of the patient, but when we find a patient who details his symptoms just as if he were reading them from the book, we feel pretty sure of the remedy.

A short time since I saw a case which had been diagnosed by a competent physician as paralysis. Having temporary charge of the case I prescribed *Opium*, which was plainly indicated by the symptoms, but I soon became satisfied that there was a "manifest, exciting, maintaining cause to be removed," and with the stomach tube we did remove a quantity of crude *opium*. Will some homœopath tell me whether in this prescription I failed to correctly apply the law of similars; and further, did the totality of symptoms indicate *Opium*^{cm}, *Opium*^x or just *Opium*? Or did it indicate—what else?

Second, that no drug can be the simillimum to symptoms which are the result of a combination of diseases, drugs and miasms; and I will make the broad statement that it would not cure if it were by any accident closely similar to the existing symptoms, simply because the symptoms do not give a true picture of the condition. Many symptoms are suppressed. A miasm is often latent and inactive, does not express itself clearly. We recognize this fact when we prescribe anti-psoric, anti-sycotic or anti-syphilitic remedies where other remedies have failed, and this is often successful, although the remedy may not be clearly indicated by the symptoms.

Hahnemann recognizes it in Section 7 of the *Organon*, where his statement that "It must be the symptoms alone by which the disease demands and points to the remedy suited to relieve it,"

is qualified by the parenthetical clause "regard being had to the possibility of a miasm."

Such a case must be unfolded little by little. We must antidote drugs which have been abused, we must antidote miasms and each in its proper order. A certain element may predominate at a certain time so as to be recognizable by the symptoms, or different elements may present such conflicting evidence that we must be governed largely by the history of the case; and in either case a "high potency of the same" is as much indicated as in an uncomplicated case.

We may find a case which we know to be psoric and we also know that crude drugs have been freely used, yet we have very plain indications of *Sulphur*; and the chances are ten to one that *Sulphur* has been previously abused and is just now the most active element in the case. And so we may often prescribe the "same remedy" upon the totality of symptoms.

Third, that if a high potency of a drug will antidote the effects of the crude, then, if possible to obtain it, a high potency of any cause of disease will do the same. The usefulness of nosodes has been too well demonstrated to admit of dispute. The nosode of course is indicated only when the case is uncomplicated by some other element or when this element is first in order according to Hahnemann's rules.

And concerning the so-called natural disease, those brought on by exposure or any of the multitude of unknown causes, why does a case usually present the picture of some remedy? What element in that "dry west wind" gives the child a typical *Aconite* croup? What is it that gives this man an out and out *Rhus tox.* case of rheumatism, and why is the other man's case *Bryonia* all the way through? Why, in fact, do we not have symptoms of a dozen remedies except where a dozen drugs have been used to complicate the case?

Why in an *Arsenicum* epidemic of dysentery are only *Arsenicum* patients affected? What is it that produces *Arsenicum* symptoms in a person who is particularly susceptible to *Arsenicum*? One who is susceptible to the action of *Rhus tox.* may be affected by it at a considerable distance from where it grows. It is a well known fact that medicinal plants are most frequently useful in those sections in which they grow.

Again, I will suggest that perhaps when least we think it we

are prescribing "the same remedy" and possibly we have often used a lower potency in antidoting a higher.

Now from these facts it further seems to me not altogether beyond the realm of possibility that any substance containing within itself the power to affect the bodily health may best be antidoted by a different potency of the same. And why have writers on this subject taken so much pains to argue that this is not Isopathy? If future research shall determine the above principle to be true, even then we can in the majority of cases judge of the cause and cure only by the totality of symptoms which would be guiding precisely as it has always been; and if we could not always find or use "the same remedy," we would know that the most similar remedy would do the most good possible and simply because it *is* similar.

I cannot agree that this principle, if true, is comprehended in the term Homœopathy. Homœopathy and Isopathy are terms which I understand to refer to the remedy and not to the potency which is another matter altogether. No one thinks of giving the "same" quantity, and I hardly think such is implied by the term Isopathy.

Finally, it seems to me that Hering's suggestion to give each patient his own Psorinum is Isopathy pure and simple, and I also think it is right.

HIS CHOICE OF WEAPONS.—A capital story is told of an honest old whaler captain who, having given unintentional offence by his bluntness, was challenged to a duel. At first he stoutly refused to entertain the idea, neither wishing to injure his opponent nor to be disabled himself by one who was already notorious as a duellist. Being pressed, however, he at length consented, but, availing himself of his right to select the weapons, he staggered his insolent opponent by choosing harpoons at a distance of fifty yards. It is almost needless to say that, under the circumstances, the fire-eater cried off and hastily quitted the district.—*London Tit-Bits.*

Institutes of Medicine.

"WO BIN ICH" (WHERE AM I?)*

J. R. HAYNES, M.D.

It may seem somewhat strange that such a question should be asked at the present time; but whilst the most of the physicians of the civilized world are running mad over the poor little microbe and how to kill them (no matter about the patient), would it not be as well for us to stop for one moment in our mad career and ask ourselves the question, "Wo bin Ich?" Do I believe and practice by the Law of Similars? Is this law universal? Can it be depended upon in all cases? Can there be more than one law? Was Hahnemann right when he gave it to the world as the law of cure?

It seems to be the question that every merchant, business man, or banker ask themselves at least once each year; they begin by the taking of the account of stock, casting up of their ledgers, and drawing up of the balance sheet to see if they have come out on the right side; if so, and there has been a sufficient advance, then they are pleased with the situation and conditions, but if upon the left side, then they begin to study up the ways and means to try to correct the deficits. They begin by an account of this little expense or extravagance, and that little excess, and upon counting of them up they find that they amount to a considerable sum during the year, and if they wish to maintain their position they must apply more energy and a closer application to the incomes and the outgoes or the end will prove disastrous to them.

After Hahnemann had received his degree of Doctor of Medicine he commenced the practice according to the system then in vogue. His successes was not what he had anticipated; he met with many failures, and which to him was a great disappointment; he became disgusted and asked himself, "Wo bin Ich?" He began to take an account of stock and cast up his ledger, draw up his balance sheet, which he found to be upon the left side. He endeavored to correct this fault, but finally decided to abandon the practice of the medical art; although he was offered

*Read before the Marion County Homœopathic Society, November 11, 1896

good positions as a medical teacher, he conscientiously refused to accept them, or the responsibility of doing what he felt was committing a wrong upon his fellow beings, but turned his attention to the practice of chemistry, and in which he made many new and valuable discoveries. He wrote and published a work upon chemistry which stands as authority all over the civilized world. It has never been refuted, and likely never will be.

He then employed himself in the translation into the German language such authors as the profession thought that they needed, and whilst translating from the English into the German language *Cullens' Materia Medica*, he found such a jumbled up mess, which probably started him on the road towards the discovery of the real law of cure. He began by the proving of some of these drugs upon himself, and the administering of them to such as called upon him for treatment. He found that the large doses produced great aggravations of the symptoms where the symptoms corresponded with those which had been produced upon him in the provings. Here he again asked himself, "Wo bin Ich?" After taking an account of stock, casting up his ledger, he found his balance sheet upon the right side, but that he must diminish the doses to the quantity of the drug administered. This undoubtedly led up to the need of triturations and dynamizations.

This he carried out when he again asked himself, "Wo bin Ich?" When again taking account of stock and casting up his ledger he found his balance sheet all right, he cried out *Eureka*.

He then began to interest such other physicians in the subject as would heed the matter, and thus started a more thorough investigation into the subject matter so as to prove the perfect utility of the law in the treatment of diseased conditions of the human race.

He prepared and published in *Houffland's Journal*, in the early part of 1796, a paper giving the effects of drugs upon the human system, when quite a number of physicians rallied to his standard and became greatly interested in the subject matter, and did whatever they could under his guidance to prove and establish the truth of the law of cure. It was a work of humanity and love.

In 1804 he published two volumes in the Latin language upon the subject, giving what he had at that time learned concerning the law, and its application in the treatment of disease.

In 1810 he published the first edition of the *Organon*, when the infant was really christened "'Omoion Pathos."

As his work progressed and he made new discoveries, these he incorporated into a new edition, and continued to do so up to 1833, when he published the fifth and last edition of the *Organon*.

It seems to me that it is a great pity that he had not published that fifth edition in the English language, he being a first-class English scholar; he would then have given it to us just as he intended that it should have been, then there could have been no dispute as to what he has said about the law of cure.

There has been quite a number of translations of this fifth edition, and each translator has translated it to suit his own views, and no two of them are alike; yet they contain something nearly the same meaning. Why is this? Is it because Hahnemann was a thorough scholar and wrote for those who had received just as thorough an education as he had received? He joined many words together, and if separated would more or less change the meaning of the whole sentence. They cannot be separated and retain the real ideal which Hahnemann wished to convey; besides there are many words in the German language which has no equivalent in the English language, and something has to be put in to fill up their places, and each has filled them according to his own views. Hence the differences.

Let us take up the first section. "Des Artes hochster und Einziger Beruf ist, Kranke menschen gesund zu machen." A literal translation, as I make it. The physician's highest and most sacred duty is, sick men well to make; this compound word Einziger has been translated as Einzig, which means solely only or singly; that does not sound like Hahnemann's way of speaking. He speaks positively, and not in that wishy washy style. "The physician's only duty is to cure the sick." Such conditions can be found upon almost every page of the most of the translations. Compare them and see for yourselves.

Hahnemann met with great success, and encouraged others to investigate the law, and all who did with an honest purpose adopted it as the living law of cure, and it will stand as such until the end of time. Let us refer to a few sections of the *Organon*.

Section 5. "In the cure of disease it is necessary to regard the fundamental cause."

Section 6. "The totality of the symptoms constitute the disease."

Section 7. "To cure disease it is merely requisite to remove the entire symptoms, duly regarding at the same time the circumstances enumerated in Section 5."

Section 8. "When all of the symptoms are extinguished the disease is at the same time internally cured."

Section 11. "In disease the vital power only is primarily disturbed, and expresses its sufferings (internal changes) by abnormal alterations in the sensations and actions of the whole system."

Section 17. "The physician has only to remove the totality of the symptoms and he has cured the entire disease."

□ Section 18. "The totality of the symptoms is the sole indication in the choice in the selection of the remedy."

Section 19. "Changes in the general state in the disease (totality of symptoms) can be cured in no other way by medicines, than so far as the latter possess the power; likewise of affecting changes in the symptoms."

Section 20. "This faculty which medicines have of producing changes in the system, can only be known by observing their effects upon the healthy individuals."

Section 21. "The morbid symptoms which medicines produce in healthy persons are the sole indications for their curative virtues in disease."

Section 24. "The Homœopathic method, or that which employs medicines producing symptoms similar to those of the malady, is the only one of which experience proves the certain efficacy."

Section 70. "There is nothing for the physician to cure in disease but the sufferings of the patient; that is the totality or mass of symptoms by which the disease points to the remedy it stands in need of for their removal." He also tells us that it is pernicious to use external applications, even to that of the potentized remedy which is given internally, as they change the character of the symptoms and are sure to mislead us in the selection of the proper remedy.

Has Hahnemann here given us the facts in these cases? Should we heed them? Have they not been proven millions of times? Can they be refuted? If not, then would it not be as well for us to stop in our mad career of bug hunting for a

moment and ask ourselves the question, "Wo bin Ich" and begin to take an account of stock, cast up our ledgers, and draw up our balance sheets and see whether it comes out on the right side or upon the left? Are we what we profess to be—followers of Hahnemann? Or do we profess to be Homœopaths and still go on a whoring after allopathic gods? If Homœopathy is a Law (there can be but one law of cure), then what have we to do with falling down and worshipping the "golden calf," and which is only a chimerical shadow of a delusion?

Let me here say that there has never been a true Homœopathist who has not made the *Organon* a study and that there never will be. You might just as well try to teach Christianity by throwing the Bible away; will any one think that you would succeed by doing so? If we expect to succeed in the practice of the Homœopathic art, then we cannot place too much reliance upon the *Organon*; we need to read it daily. There is no short cut, or running across lots in the practice of Homœopathy; we must study our *Materia Medica* so as to know each and every remedy, and then study the *Organon* so as to learn how to apply it, then we can snap our fingers at all the "systems" and proprietary nostrums which are daily forced under our noses, for we will have no earthly use for any of them.

If I can understand some of the papers that have been read here before this Society, they teem with the "bug hunting craze" instead of the selection of the simillimum. Did they cure? Was not the pretended cure worse than the disease before they had been called to it? If I wished to give a patient trouble, then I might do as has been recommended; but if I wished to cure them, then I should do as Hahnemann has recommended, endeavor to select the simillimum for the case and trust entirely for it to do the work by a quick and thorough removal of all of the troubles, which we are well aware it will do in every curable case; that the simillimum is the law of cure, and that it will stand as such long after this planet has become a traveling tombstone, which it must become at some future age, when it will have passed all of its usefulness and become unfit to sustain life in any form as others have done before.

Something near two years since, I read a paper before this society upon the subject, "Does bacteria cause disease?" Perhaps it would be as well to repeat a portion of it here, as some

of you did not hear it at that time, and if it was heard it was not heeded.

Bacteria (which is of a vegetable growth) is the creature of putrescence; it can exist only upon putrescence and decay; you will find it wherever you find putrid and decaying matter, and no where else. It is only the effect, and not the cause of disease. Instead of its being injurious to the patient with a putrid disease, it is of a positive benefit; they help to destroy the putrescence by the absorption of a certain portion of the substance upon which they exist and multiply, and by this absorption the remaining portion of this substance becomes insoluble and is thrown off instead of being reabsorbed and taken back into the circulation, poisoning the patient and vitiating the life principle and destruction of the patient. This any one can easily prove. Take some of the bacteria loaded discharge, place it in water, and it will not dissolve but sink to the bottom and remain; but place it in a culture media and in a warm place and as soon as putrescence takes place it will dissolve and in a short time the media will become loaded with bacteria and you will find not only the species that you planted but many others.

There is not a well authenticated case on record that will prove bacteria has been the cause of disease. Thousands of inoculations have been made, which contained a portion of the putrid media, and disturbances have been produced, and has been attributed to the bacteria and no credit has been given to the introduction of the putrid media which was introduced with them into the circulation, and which had become a deadly animal poison, and if the journals tell the truth then the introduction of this substance has been the cause of numerous deaths, and which has been attributed to the innocent little plants called bacteria.

You may ask what constitutes contagion. I will say that I do not know, further than it is the product of certain diseases which is received by the sensitive individual—a something that is utterly invisible to our senses or sight—and which the proper simillimum will most certainly destroy if taken soon after it has been absorbed into the system. Shall we not then give praise to the great Hahnemann?

Ophthalmology, Otology and Laryngology.

A GLANCE AT SOME EYE CASE RECORDS.

THOS. M. STEWART, M. D., CINCINNATI, O.

Associate Professor of Ophthalmology and Otology, Pulte Medical College, Cincinnati.

Much discussion has arisen about the efficacy of the higher potencies. Arguments pro and con have been given and the question is still an open one. The purpose of this brief paper is not to attempt to convince any one that either side of the question is right or wrong. It is the record of experience, and the writer believes that one's own experience cannot be denied to one's own self, however much others may refuse to gain experience along the same line by actual trial or study. This is true of all questions, whether medical or not.

The cases from which these lessons shall be drawn were clinical patients at Pulte Medical College, and received sufficient examination to elicit the patient's own story, to make the diagnosis, and to briefly answer their inquiries.

In chronic inflammation of the lids and of the edges of the lids it has been our rule to make an examination of the refraction of the eye and to prescribe lenses to correct any error of refraction that was found. We may say that in a very large per cent of cases of this nature errors of refraction have been found and glasses have been ascertained to be a necessity for a permanent cure. In some cases, of course, we found no error of refraction; and in some cases our patients have refused absolutely to even correcting lenses. In such cases we have found *arsenicum*, *sulphur*, the *iodides of sulphur* and *arsenic*, *psorinum*, *graphites*, *mercurius* and *petroleum* the remedies most frequently prescribed. The dose has invariably been the thirtieth, one dose at college dispensary and a placebo during the next few days following. Good results have been promptly noticed and reported by the patients. A suspension of the remedies has been followed by a recurrence of the redness of the edges of the lids. The prescription of a placebo did not secure the remission of the symptoms. The use of the remedy formerly indicated caused the subsidence of the symptoms. In these cases that refused to

wear glasses, no permanent cure (that is a subsidence of all symptoms and a continuance of such during a period of some months) was obtained, though with the remedies they have been kept fairly comfortable, viz.: no redness of edges of lids, no scabs or discharge, but some irritation of the conjunctiva would now and then assert itself. During the past two months all cases of this trouble have had the internal treatment only. In beginning, simple cleanliness to remove scabs and discharge was ordered. We think we have done as well, in fact better, than when we used ointments and astringents. We shall of course return to the local treatment whenever we think a case may demand it, or if our results are not equal to those advocating the local treatment exclusively.

In corneal troubles we have relied upon our prescription of the indicated remedy, except in cases of ulcer of the cornea where the patient had not applied early in its course. In these neglected cases we have used *eserine*, one per cent solution, in marginal ulceration, and *atropine*, one per cent solution, in central ulceration. We have also used insufflation of *calomel* in these cases to secure its protective qualities as well as its mild corrosive action on the ulcer. In some cases we have performed paracentesis to anticipate perforations. There still have remained a large number of cases in which none of these procedures have been used, because they were not indicated.

Kali bichromicum^{3. 6. 30} has given prompt results in the so-called scrofulous cases, with little inflammation. Cases of a sluggish character. It has given splendid results in the 30th in Descemetitis.

Aurum has given great satisfaction in interstitial keratitis, as well in in choroidal troubles. In these latter if no improvement followed, reports establish the fact that the further progress of the trouble was arrested.

In retinal troubles, *belladonna*, *aurum*, *arsenicum*, *bryonia*, *duboisia*, *phosphorus*, and *veratrum viride* have been used according to their ascertained action upon the eye. The prescriptions have been in the 30th and our cases seem to have progressed to the entire satisfaction of patient and physicians.

This brief paper is but a glance over the pages of our record book. Many of the prescriptions have been those of students, and as to patients, they have been the usual clinic patrons. All cases have passed review of the physician in charge.

People's Department.

WHY I BECAME A HOMŒOPATH.

LOUISVILLE, KY.

Dear John:—I have misplaced your last letter and must reply from memory. You speak as if I was endeavoring to force you from your conclusion to study homœopathy. I disclaim any such intention. True I have tried to show you the folly of spending time in the pursuit of a "Will o' the Wisp" which will lead you a weary chase and involve an expenditure of energy to no purpose, but since you will not listen to reason, I have no other means at command and should not use them if I had. If I could I would not compel you. Now that your mind is fully made up, I have nothing more to say except to remind you that "once the bow is bent ye cannot take the shot too soon." So fire away, and missing your mark as you must, gird up your loins and give chase. It is a fleeting phantom that lures you. You will soon return from the prettiest hunt a weary, bedrabbled and footsore perhaps, but more loyal to your first love, more appreciative of truth, and altogether intolerant of shams and delusions.

Come, let us philosophize for a moment, and as philosophers, believe what is best. You will bring to bear upon this fraudulent thing the force of an earnest nature, the power of a good intellect, and the advantage of a liberal education. All these I know you to possess. Very well! Let us add to our philosophy prophetic vision. You have turned the search-light of science upon this would-be aspirant for place and position in the medical world, and it has shrunk back into the shadow whence it came and where it belongs. Having investigated scientifically, you can speak authoratively. Being a mass of veracity, your conclusion will be accepted, the bubble will be exploded, the false light extinguished, and your name enrolled among the benefactors of men. Such, dear comrade and best beloved friend, is the prediction of one who will not desert you, no matter what pitfalls may be dug for your feet, nor into what devious and uncertain paths they may stray in search of truth. Such is my confidence in you and my trust in your integrity and honesty of purpose that I believe out of apparent evil good will come.

Such, too, is my love for you, my more than brother, that while we must part company for a time, I shall cherish the memory of the happy bygone, love you no less than in that dear, sweet time, rejoice no less sincerely in your prosperity nor sympathize less deeply in any adversity that may befall you. Notwithstanding the divergence of our paths, we part, thank Heaven, in sorrow not in anger, and will pray that if this separation (although to me it is as the sadness of death) good may come, and we'll hope that somewhere on life's journey our now divergent paths may meet and two travelers may recognize in each a brother bound upon the same journey over the same road.

"All's well that ends well." "God be with you, till we meet again." As ever your friend,

H. T. NOSDUH.

P. S.—I was invited by a society of dental students to respond to a toast at a banquet last week. My subject, "The Dentist," had been previously assigned me. So I wrote and read the following:

THE DENTIST.

Dear D. D. S., how sweet sometimes, methinks,
To meet with thee; and oh! how hard to part.
How strang the ties, how like to steel the links
That bind, and tug and strain; not at the heart,
No! no! 'twere there the links might snap and break,
The heart remain in site; but forsooth
The heart aches nothing. Nothing to the ache
Which severs friendship welded to a tooth.
Toothache prevails in age, heartache in youth.
I've had them both, I've known the pain—the pang
Of breaking ties, and unrequited love.
But I declare the roar, the rattle and the twang
Of parting tooth and jaw is pain above
The punishment reserved for you below.
I scarce believe that Hell's capacious maw
Holds fiend more merciless than him we know
As dentist, twisting, wrenching, tooth or jaw,
Old Nick's hard hand were velvet to that paw.
Scarce twenty years have past since I the pang
Of parting with a double molar felt;
And now the dentist don't extract a fang,
But crown with gold where once they vengeance dealt.

And other things they do unique and strange!
Build bridges, tunnel, drill and excavate,
Like miners underground; and so arrange
That teeth like nabobs eat from golden plate,
Regardless how their predecessors ate;
Alike regardless what has been their fate.

An Irish doctor says: "Faith an' naythur
A dintist nor any homopath aythur,
Will see Hiven! An' one a wurrud to spake
To the homopath; an' its him that don't care
If a poor divil dies. Sure an' the fake
Allows no sphirits to wash down the fare.
Likewise the dintist—begorry, he'll make
A jew'lry shop of your mouth loike enough,
But twenty to one o'll bet you, he'll take
More gold from yer purse than he laves in yer mouth."

I can't keep up with dental lore; too late,
Too early or too tired was born, and so
I practice physics. When by chance or fate
I blunder (as my creed permits) I go
And cover my mistake from sight; but you,
My dental friend, can't bury your disgrace;
It will not die, nor down, nor hide from view,
But bobs serenely up on time, in place,
You'll rather see the Devil face to face.

Well! well! In spite of all your faults I love
You. Love you? Aye, indeed, with all my heart.
I hope that when we (if we) meet above,
You'll have left your forceps and we shall part
No more, abruptly as we've parted here;
And sometimes I have thought your place to face
The music here was best, for when up there
We're called upon, it may be I more grace,
More mercy, and more pity then may need
Than Heav'n can show to my poor blundering creed.

Editorial.

RETROSPECT AND PROSPECT.

The time has come when every business man takes stock; carefully goes over the work of the year, noting the results of plans laid at the close of the preceding year and to a certain degree is governed by said results in formulating the plans for the future.

The HAHNEMANNIAN ADVOCATE, as is well known, was born under very trying circumstances; the period of gestation was filled with pain and suffering, and it was only by reason of very close attention on the part of the obstetrician that the mother was enabled to carry the child until a separate maintenance might be sustained, and in spite of the utmost care the child was born two months ahead of time. For the first two months of its existence double care was necessary in order that life be retained for foes were seeking the life of the young child to destroy it. With the beginning of the new year its many friends were relieved from further anxiety by the assurance that not only would life be preserved, but that there was sufficient vitality not only to insure a healthy growth, but the promise of a bright and happy future.

This was not an ordinary child whose conception and birth was made to fill a "long felt want," but was given life in order that the accumulated greatness and honor of the past might have a legitimate successor in the same family and because of all these influences and the circumstances surrounding its birth this young child stepped into the full estate and enjoyed all the honors and blessings of its progenitors. It has been carefully nourished during the past year and it gives us pleasure to announce that it has completed its first year of existence with honor and credit to its sponsors; and at the beginning of the second year is able to stand upon its own feet a strong and healthy child. Its friends will be happy in the knowledge that in spite of the distressingly hard times there has been enough to secure food and suitable raiment, and sufficient to pay the dressmaking bills. As a usual thing contributions of food and money have been very cheerfully

made, and at the beginning of the year very few promises remain unfulfilled, for which we are indebted to the strictly business principles adopted at the birth of this new publication, and upon this foundation we enter the new year with the positive assurance that the future growth of the HAHNEMANNIAN ADVOCATE will be all that its most ardent friends can desire. For the many very valuable contributions made during the past, our hearts are sincerely thankful, and with the hope that the perpetuation of the principles so faithfully advocated by this journal will be sufficient compensation for the great efforts made to keep the same before the profession, we wish you a Happy and Prosperous New Year.

A MIXTURE IN THE MANUELS.—Manuals of correspondence or “complete letter-writers” are dangerous things to depend upon. Some time ago a young man who wished to win the hand of a young lady mused long over the proper and most effective way of addressing her. At last he found, in a manual of somewhat wide circulation, a form for a letter which pleased him much. The letter bore the title “From a young gentleman to a young lady, making an ardent but dignified offer of marriage.”

He copied out the letter, signed it with his name, and sent it to the lady.

After some days of anxious waiting he received a letter. He tore it open and read,—

“Turn over the leaf in your manual. You will find my answer at the top of the opposite page.”

He seized his manual, and in the place indicated found a brief and sharply formed letter entitled “From a young lady to a gentleman, peremptorily refusing an offer of marriage.”

She was the possessor of a copy of the same manual.—*London Tit-Bits.*

Hitherto gutta-percha has usually been obtained by cutting down a tree. But it is now found that a less ruinous method may be employed. Gum extracted from the leaves is said to be purer and more abundant than that taken from the tree-trunk.

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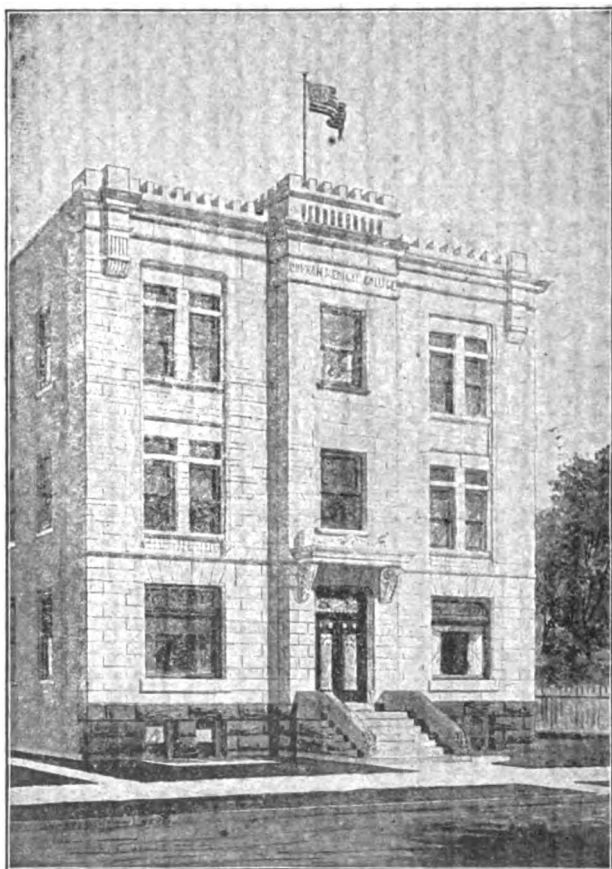
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SOCIETY REPORTS.

Rochester, N. Y.—The *Monroe County Homœopathic Medical Society* held its regular quarterly meeting Oct. 20th, at Hospital Building. The meeting was opened by the President, Dr. M. H. Adams, and the work of the session commenced. The subject of *Vaccination as a preventative of Variola* by Dr. Wm. B. Chapman, was freely discussed and your correspondent read the article by Dr. A. G. Downer, found in the *HAHNEMANNIAN ADVOCATE*, page 534, and it opened up a new line of thought. The *ADVOCATE* was passed about among the members and all had a look at the journal. The comparison of *Hepar* and *Silicia* was not fully covered by original paper by Geo. A. Bachman of this city, but discussion opened by Dr. R. A. Adams brought forth many clinical provings of value. A complete record may be found in the life of the Society. Meeting adjourned until Jan. 18, 1897, the time of the annual meeting. F. R. SMITH.

Watertown, N. Y.—The *Farrington Medical Society*, the homœopathic organization of this city, held its annual meeting Wednesday evening, Nov. 18th, at the office of Dr. W. T. Laird. Officers for the coming year were elected as follows: President, Dr. G. A. Gifford; Vice President, Dr. G. S. Farmer; Secretary and Treasurer, Dr. A. S. Chattaway; Censors, Drs. G. W. B. Smith, W. T. Laird and R. F. Gates. Treasurer's report showed Society in good financial condition. Dr. Laird read the address of the evening, giving a history of the Society since 1887, its growth, obituaries, and its prospects. He urged all members to do their utmost to foster the interests of the Society; in fact make its welfare his individual concern. The Society has been a source of great benefit as well as pleasure to its members, and all agree that the coming year will witness a greater growth and energy than has characterized the past. After a discussion of peculiar cases and prevailing diseases Dr. Gifford, the newly elected president, appointed Dr. Gates essayist for next meeting, to be held at Dr. Laird's office, Wednesday, Dec. 9th, 1896. Adjourned.

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The *Jefferson County Homœopathic Society* held its regular meeting at the Otis House in Watertown, Oct. 21. There was a good attendance and two new members were admitted. Dr. G. W. B. Smith of Watertown, read a paper entitled "Functional diseases of the heart," detailing the bad effects of the excessive use of tobacco and coffee on the heart, either directly or sympathetically. Dr. Bronson of Lowville, commented on the paper, citing instances of cure simply by discontinuing the use of tobacco or coffee. Dr. J. M. Lee of Rochester, gave a very instructive talk on disease of the heart from a surgeon's point of view, also the effects of malignant growths on the heart or its accessories, narrating cases to illustrate his points. The society was highly gratified and extends its hearty thanks to Dr. Lee for his address. Dr. M. M. Adams of this city, member of New York State Board of Health, read a paper entitled "The Specialist vs. The General Practitioner," showing the rapid increase of specialism and the great extension of specialties and predicted if the present tendencies were continued the general practitioner would have left for his field of operations—Constipation and Coryza. The paper elicited a response in a happy view from Dr. Lee, who is a specialist of abdominal surgery. After the discussion the society adjourned for dinner and will hold its next meeting the third Wednesday in February, 1897, at the Otis House in this city.

A. D. CHATTAWAY.

Syracuse, N. Y.—A newly born homœopathic society graces the family of New York State, known as the *Homœopathic Medical Society of Central New York*. This society was organized during the past summer and held its first meeting in June last, and a permanent organization effected and officers elected, Dr. Nicholson of Adams, being first president. The society is complementary to the regular State society and meets twice a year, June and December, at Syracuse. The next meeting will be held in Syracuse Dec. 9.

A. D. CHATTAWAY.

Denver, Colo.—*Denver Homœopathic Club*. The subject of "Opium" was very ably handled by Dr. J. P. Willard at the regular meeting of the club, Monday evening, Oct. 26th, and brought forth a lively discussion of the drug by the many members present, and it proved very instructive especially to the college students who were present in a body to hear the paper, as the Doctor has a reputation for good papers. It was almost

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unanimously agreed by those participating in the discussion, that the practice of using the drug for its physiological effect when the proper remedy was not understood, could not be too strongly condemned. A few, however, were of the opinion that the discriminate use of opium to allay pain sufficiently to permit rest, was beneficial in a few cases as, Peritonitis, Renal Calculi and some Traumatic lesions. The energetic manner in which Dr. Wheeler disapproved of such practice no doubt prevented a few from entering the discussion as well as the lateness of the hour. However, many good indications for the Homœopathic selection of this remedy were developed, and I am safe in predicting a more satisfactory use of this valuable remedy in our city. The next meeting of the club will be held on Monday evening, Nov. 30th, at the Brown Palace Hotel. Dr. D. E. Spoor will read a paper on Typhoid Fever, and the discussion will be handled by Dr. G. E. Brown. The Denver Homœopathic College has enrolled upon the books thirty-eight matriculants for the ensuing year, and a number of others from out of the city are yet expected as they have been in correspondence with the Dean.

I herewith submit a few notes on *Denver happenings in Homœopathy*. The meeting of the club Monday evening, Nov. 30th, at the Brown Palace Hotel, was one to be remembered for the practical points elicited. There were about fifty persons present, and a lively discussion followed the reading of the paper by Dr. Spoor on typhoid fever; two new names were presented for membership at this meeting, so you will see that Denver still presents some attractive points to the physician of our school.

The number of students now matriculated for the present term at the Homœopathic College is forty-two.

A Radiograph taken at the Denver Homœopathic College has been admitted as evidence in the District Court of this State, in the case of Smith vs. Grant. This is a precedent which has been established by the presiding judge, and as it was impossible to find a previous favorable decision on record from any other court in the United States, it is not improbable that this is the first case where radiographs have been admitted as evidence. The case is one which involves the question of faulty diagnosis in an alleged fracture of the neck of the femur. The plaintiff is suing for \$10,000.

C. E. TENNANT.

Des Moines, Ia.—The *Des Moines Homœopathic Medical Society* held its regular monthly meeting at Dr. Royal's office, on



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the evening of Nov. 21st. This society has a membership of about eighteen, including nearly all physicians of the homoeopathic persuasion of the city and some from the near by towns. For unity and harmony, and cordial loyalty to each other, no society can excel ours. The profession is especially free from the manifestations of petty jealousies so often found in similar societies. Dr. Busenbark presented the society with a very interesting paper at the November meeting on the subject of "Uterine Inertia." While the paper did not limit the application of the title to the time of labor, the discussion was confined to this particular form of in-action. The writer suggested a possible relation existing between albumenuria, citing a number of cases as indicating such relation. The discussion which was participated in by Drs. Eaton, Royal, Linn, Goodrich and Duncan, seemed rather to indicate that in the experience of those present Uterine Inertia at labor was usually found in the strong, robust, hard-working woman. The time of holding the meeting was changed from Monday to Saturday evening. Dr. C. E. Holloway was selected as the essayist for the December meeting.

WM. WOODBURN.

St. Louis, Mo.—*St. Louis Homœopathic Hospital.* A much needed Homœopathic hospital has recently been opened in St. Louis for the reception of patients. The medical and surgical management is in the hands of Drs. C. H. Goodman, W. John Harris, L. O. McElwee and Willis Young, by whom the institution was started, and through whose efforts the hospital has been elegantly furnished and equipped. It is hoped that this will be the nucleus of a large homœopathic general hospital, and to that end all homœopathic physicians are invited to bring and send their patients there. There are accommodations for seventeen patients. The five beautifully furnished private rooms have been occupied constantly since the doors were opened, and all by surgical cases. Prices for board and nursing range from \$6 per week in the ward, to \$25 per week in the best private rooms. Acute charity cases, medical, surgical and obstetrical, will be gladly received under the care of the staff, as this institution is not designed to earn money for any one connected with it. Communications may be addressed to any of the doctors named, or to DR. WILLIS YOUNG, Secretary, care St. Louis Homœopathic Hospital, 2719 Chestnut St, St. Louis, Mo.

St. Louis Homœopathic Medical Society. Meeting of Nov. 28th,

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1896. Essayist, Dr. W. B. Morgan. Subject, *Colds*. This seasonable subject was considered from an etiological and prophylactic standpoint, therapeutic measures being mentioned but incidentally; the general sense of the etiology being the non-conservation of animal heat. The discussion was opened by Dr. Young, whose views coincided with the essayist, and by Dr. Campbell who, backed by a strong following of members, earnestly advocated the "Reflex Neurosis" theory. The "bacteriæ" theory received short shrift. The members were, however, united upon the more important question of prophylaxis. Adjourned to meet Dec. 12, 1896. WILLIS YOUNG.

Lowell, Mass.—The *Lowell Hahnemann Club* held its annual meeting Nov. 17th, at Dr. Stephenson's office at 4 p. m. After the records were read and approved the members proceeded to ballot for officers for the ensuing year. Those elected were: President, Dr. G. F. Martin; Vice-President, Dr. E. H. Packer; Secretary, Nellie W. Stephenson; Treasurer, Dr. E. B. Holt. After the election the subject of the meeting was introduced by a paper on Chronic Rhinitis, by Dr. B. S. Stephenson. The Medical Treatment was then taken up by other members, Dr. Packer giving the indications for *Calcarea carb.* and *Sulphur*, Dr. Martin took up *Kali bi.*, Dr. Holt gave the symptoms of *Hydrastis* and *Pulsatilla*, Dr. Leland *Arsenicum iod.* and *Arsenicum*. After discussion of the subject and medicines the meeting adjourned to the third Tuesday in December.

NELLIE W. STEPHENSON.

Mr. Editor:—I know there must be a number of your subscribers who will build a home this season, and I want to tell them of the great success I had with my house, which is now a year old, and pleases me just as much as it did the day it was finished. You see, my wife has many excellent ideas regarding the inside arrangement of houses, so she took the matter up months before we began work, and studied it thoroughly. Her rough plans were changed, and changed again, but did not wholly please her. She was about to give up the matter when she was advised by a friend to procure one of Payne's Portfolio of Plans. Acting on this suggestion she sent a dollar to the Payne Architectural Co., 215 Madison street, Chicago, and by return mail came just the book she needed. It gives more information and good plans for modern homes than I ever saw in one



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Very respectfully,

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The beautiful and time-honored custom which makes each recurring Christmas season the occasion for the especial remembrance of friends, gives the Antikamnia people an opportunity to present the profession with an "artistic" and useful souvenir. It takes the form of an illustrated calendar for 1897. They say: "No doubt you will be interested in the fact, that these 'skeleton sketches' are reproductions of the original water colors, from the brush of the celebrated artist-physician, Louis Crusius, A. M.; M. D. The facial expression, so faithfully depicted, is original, from an artistic view and the artist's skill in giving 'life expressions' to a skull, is truly wonderful." Send for one.

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A CASE OF CEREBRO-SPINAL MENINGITIS COMPLICATING GONORRHOEA TREATED BY ANTIKAMNIA.

The concluding remarks from the above article, by G. S. Leggatt, M. R. C. S. England, L. S. A., taken from the *Lancet*, (London) are interesting from both therapeutic and physiological standpoints.

Remarks.—1. This is a rare complication of gonorrhœa, and, as far as I can find, is not mentioned in any of the books which refer to the subject; but bearing in mind the similitude of structure between the meninges and the joints there seems no reason why they should not be occasionally attacked in a manner similar to the latter.

2. "Antikamnia is a remedy said to possess analgesic, antipyretic and anodyne properties. Its doses is three to ten grains; and it will be observed that the doses I gave were large ones; but the symptoms were extremely urgent, and it is interesting to note that there was no depression. During its exhibition the pulse improved in force, and the administration of the drug reduced the temperature to normal, and seemed in this respect to be greatly superior to that of phenacetin.

3. "As to the diagnosis it is difficult to know how the symptoms, which were of a most pronounced kind, could be accounted for on any other supposition than involvement of the fibrous

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textures of the spine and cranium. That the disease did not more definitely and more permanently attack the pia mater and oachnoid is probably due to the prompt administration of the antikamnia and salicylate combined, which seemed to me to prevent the optic neuritis and other more obvious and serious consequences of an established meningitis."


DUNHAM MEDICAL COLLEGE opens up with about forty matriculants in its class and the indications are that the number will reach between fifty and sixty when the election is over. Prof. Duncan, formerly registrar and treasurer of the National Medical College, has resigned from the National and accepted a chair in the Dunham.

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J. H. Goethe, M. D., Varnville, S. C., says: Celerina was given to a patient suffering from nervous prostration, the result of habitual alcoholic excess. Under its administration his system was not only completely renovated, but he was enabled to overcome the habit of indulging in strong drink, and is now enjoying good health. I regard Celerina of great value to the profession.

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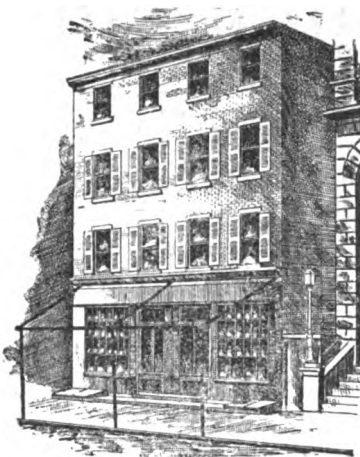
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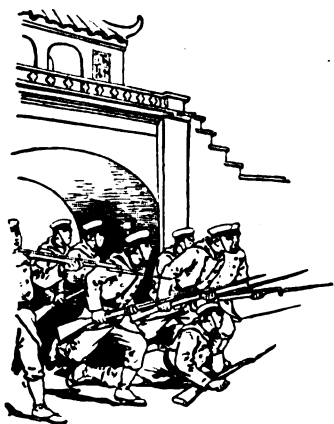
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